

## DEA Biennial Inventory Form

<b>Closing Inventory for (location):</b>	<b>Date</b> ___/___/___
	<b>Time</b> _____ a.m./p.m.
<b>Registrant</b> _____	<b>DEA #</b> _____

“C” No.	Controlled Substance	Pkg/Type/Size	Drug Lot Batch #	Quantity

I certify that the above inventory is complete and accurate as specified in Title 21, Code of Federal Regulations, Part 1304.11 (A).

\_\_\_\_\_  
Signature of person conducting inventory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date