BIENNIAL CONTROLLED SUBSTANCE INVENTORY

Schedule _____

CONTROLLED SUBSTANCE (Name, Strength, Size)	BEGINNING AMOUNT	AMOUNT ON HAND	EXPIRATION DATE
DIAZAPAM, 5MG, 100 COUNT			

DATE: _____ TIME: _____

BEFORE BUSINESS DAY: _____

AFTER BUSINESS DAY: _____

SIGNATURE OF PERSON TAKING INVENTORY: _____

NAME OF FACILITY: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____