



## Sample DEA Controlled Substance Inventory Form

**Updated 5/21/2025**

[OAC 4729:5-3-07](#) requires all category III terminal distributors of dangerous drugs to take inventory of all stocks of controlled substances on hand **every year**. This is different from the DEA requirement that requires a controlled substance inventory every two years. **NOTE:** The inventory may be taken on any date which is within thirteen months of the previous inventory date.

Please be advised that the rule still requires each inventory must contain a complete and accurate record of all controlled substances on hand on the date the inventory is taken.

Per [21 CFR 1304.4](#), inventories and records of all controlled substances listed in Schedule I and II shall be maintained separately from all other drug records, including controlled substance inventories for drugs listed as schedule III, IV, and V. Therefore, licensees will have to have separate controlled substance inventory forms for Schedules I-II and III-V.

If the substance is listed in Schedule I or II, the terminal distributor of dangerous drugs must make an exact count or measure of the contents.

If the substance is listed in Schedule III, IV, or V, the terminal distributor of dangerous drugs may make an estimated count or measure of the contents, unless the container holds more than one thousand tablets or capsules in which an exact count of the contents must be made.

For more information on the Board of Pharmacy's controlled substance inventory requirements, visit: [www.pharmacy.ohio.gov/inventory](http://www.pharmacy.ohio.gov/inventory).

# DEA Controlled Substance Inventory Form

This record must be maintained for 3 years from the inventory date.



<b>Date</b>	<b>DEA Registration Number</b>	<b>DEA Registrant</b>	<b>Inventory Type:</b> Initial Inventory _____ Annual Inventory _____ Change of RP _____ New Controlled Substance _____
<b>Location Address</b>		<b>Opening/Closing of Business</b>	
<b>Inventory Performed By (signature required)</b>		<b>Print Name</b>	
<b>Inventory Witness (signature required)</b>		<b>Print Name</b>	

Controlled Substance Name	Finished Form	Schedule	Container Size	# of Opened Containers	# of Unopened Containers	Total Quantity
<i>Example: Alprazolam</i>	<i>1mg tablet</i>	<i>IV</i>	<i>100 tablets</i>	<i>1</i>	<i>2</i>	<i>220</i>

Controlled Substance Name	Finished Form	Schedule	Container Size	# of Opened Containers	# of Unopened Containers	Total Quantity

(Duplicate as necessary)