# Annual Controlled Substance Inventory Form

Inventory must be performed between April 1 and June 30 of each year. A separate annual inventory is required for each registered location. Mail to: State of Michigan, Bureau of Health Professions- Health and Regulatory Division, Annual Inventory, 6546 Mercantile Way, Suite 2, P.O. Box 30454, Lansing, MI 48909. Retain a signed and completed copy of this form at the licensed location. The completed form can serve as the biennial inventory required by the DEA.

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|---|---|
| Date: | Start of day ☐ End of day ☐ |
| MI Licensee/DEA Registrant Name: | |
| MI Licensee/DEA Registrant Address: | |
| DEA Registration #: | |
| State of MI Controlled Substance ID #: | |

| DEA Schedule* | Controlled Substance | Container Unit Type (Vial, syringe, patch, etc.) | Container Quantity | Container Volume | Concentration |
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**Schedule I and II controlled substances must be separated from all other substances or places on a separate form.*

Inventory performed by: _____ _____

Print Name Signature

Inventory witnessed by: _____ _____

Print Name Signature