



State of Connecticut Department of Consumer Protection Drug Control Division
 165 Capitol Avenue, Room #145, Hartford, CT 06106
 (860) 713-6065

Controlled Substance Inventory Form

Scheduled II Controlled Substances

Name	Strength	Dosage Form	Quantity In Stock
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Scheduled III, IV and V Controlled Substances

Name	Strength	Dosage Form	Quantity In Stock
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Registrant's Name: _____

Registrant's Address: _____

Registrant's CSP Number: _____

Registrant's DEA Number: _____

Inventory Date: _____

Inventory Time: _____

Individual Conducting Inventory: _____

Printed Name

Signature