

SU CONTROLLED SUBSTANCE BIENNIAL INVENTORY FORM

SU Environmental Health & Safety- OH&S Program

Submit to EH&S via fax at (723-9646) – Attention Controlled Substances Program Office

Controlled Substance	Substance Schedule Number	Total Inventory Quantity * (including concentration for solutions)	Reason for Substance Being Maintained

* Total quantity of the substance to the nearest metric unit weight/volume of the total number of units (for Schedule II, perform an exact count or measure of quantity).

Faculty/ Senior Staff (Print/ Signature):	Department/Building/Room Number:
Phone:	E-mail:
Inventory Date:	Inventory recorded by (Print/Signature):