

## Attachment D

## Harvard University CONTROLLED SUBSTANCES BIENNIAL INVENTORY FORM

Controlled Substance	Controlled Substance Schedule Number	Total Inventory Quantity* (including concentration for solutions)	Reason for Substance Being Maintained	Physical Inventory Matches Usage Log (check if "yes"; if "no," describe discrepancy and bring to attention of dept. administrator)

- \* For Schedule III-V, identify total quantity of the substance to the nearest metric unit weight/volume of the total number of units; for Schedule I and II, perform an exact count of measure of quantity.
- \* Please make note in the continuous inventory when this biennial inventory is completed. Please use a complete line to indicate in the log.

Inventory Date:	Department/Building/Room Number:
Phone:	E-mail:
License Holder (Print/Signature):	Witnessed by (Print/Signature):