INVENTORY OF CONTROLLED SUBSTANCE RECORD

Inventory of controlled substances shall be conducted at least once every two years. The Principal Investigator shall retain one copy of this document and forward a copy to Safety Services El Paso.

DATE INVENTORY CONDUCTED: ________________________

Principal Investigator: ________________________________

Department: ____________________________ Phone/Email: ____________________________

Controlled Substance inventoried:

Type ____________________________

Strength/Concentration ____________________________

1. Where is the controlled substance stored: (Campus/Building/Room)?

2. What quantity of the controlled substance is present at the time of physical inventory?

3. Does the physical inventory match the information documented on the “USE OF CONTROLLED SUBSTANCE LOG FORM”? (Attachment C to HSC OP 73.04)  Y  N

   If NO:

   3a. Explain any discrepancy.

   3b. Has the discrepancy been reported to the TTU Police Department (or local law enforcement agency) and Safety Services?  Y  N (If NO, the discrepancy SHALL BE REPORTED IMMEDIATELY!!!)

4. Is the controlled substance expired?  Y  N

   4a. If it has expired, please explain why the substance is being maintained.