

RCO On-Demand Learning

Controlled Substance Biennial Inventory Form

MGB Research Compliance

Record of Controlled Substance Inventory

Controlled Substance Biennial Inventory form is used to record the controlled substances that are present in the cabinet at the time of completion

How to:

- Complete the Biennial Inventory form at:
 - Registration Approval
 - Receipt of Initial Order
 - Biennially (every 2 years)

DEA Biennial Inventory Form										
Registrant (Print Name):						Storage Location:				
DEA Registration #:						MA State License #:				
Type of Inventory (mark one):										
<input type="checkbox"/> Registration Approval			Date of Inventory: _____			<input type="checkbox"/> No drug in inventory*				
<input type="checkbox"/> Receipt of Initial Order			Date of Inventory: _____			Time of day: <input type="checkbox"/> Start of Day		<input type="checkbox"/> End of Day		
<input type="checkbox"/> Biennial (every 2 years)			Date of Inventory: _____			Time of day: <input type="checkbox"/> Start of Day		<input type="checkbox"/> End of Day		
Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matches Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No
1										
2										
3										
4										
5										
6										
7										
8										
9										



Completing the Biennial Inventory Form – Registration Approval

- A Biennial Inventory form must be completed at the time that your DEA registration is approved
- There should be **no controlled substances** in your cabinet at the time your registration is approved

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).

- Completion of inventory requires complete contents of safe on the day of the inventory.
- If containers are open, they must be on a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name):					Storage Location:				
DEA Registration #:					MA State License #:				
Type of Inventory (mark one):									
<input type="checkbox"/> Registration Approval		Date of Inventory: _____			<input type="checkbox"/> No drug in inventory*				
<input type="checkbox"/> Receipt of Initial Order		Date of Inventory: _____			Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day				
<input type="checkbox"/> Biennial (every 2 years)		Date of Inventory: _____			Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day				

Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matches Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No
1										
2										
3										
4										
5										
6										
7										
8										
9										



Completing the Biennial Inventory Form – Registration Approval

- Enter the Registrant’s Name
- Enter the location of the controlled substances cabinet
- Provide both the DEA Registration and MA State License numbers

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).

- *Completion of inventory requires complete contents of safe on the day of the inventory. If it does not match your disposition log, contact Research Compliance.
- **If containers are open, they must be in a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name): <i>John Researcher PhD</i>	Storage Location: <i>Research Lab, Room 24</i>
DEA Registration #: <i>R10999999</i>	MA State License #: <i>RES0001234</i>

Type of Inventory (mark one):

<input type="checkbox"/> Registration Approval	Date of Inventory: _____	<input type="checkbox"/> No drug in inventory*	
<input type="checkbox"/> Receipt of Initial Order	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day
<input type="checkbox"/> Biennial (every 2 years)	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day



Completing the Biennial Inventory Form – Registration Approval

- Check the “Registration Approval” box under Type of Inventory
- Enter the date the inventory took place
- Confirm the cabinet is empty by checking the “No drug in inventory” box

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).


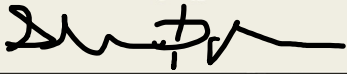
- *Completion of inventory requires complete contents of safe on the day of the inventory. If it does not match your disposition log, contact Research Compliance.
- **If containers are open, they must be in a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name): <i>John Researcher PhD</i>	Storage Location: <i>Research Lab, Room 24</i>
DEA Registration #: <i>R10999999</i>	MA State License #: <i>RES0001234</i>
Type of Inventory (mark one):	
<input checked="" type="checkbox"/> Registration Approval	Date of Inventory: <u><i>08/01/2024</i></u>
<input type="checkbox"/> Receipt of Initial Order	Date of Inventory: _____
<input type="checkbox"/> Biennial (every 2 years)	Date of Inventory: _____
<input checked="" type="checkbox"/> No drug in inventory*	Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day
	Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day



Completing the Biennial Inventory Form – Registration Approval

- Once the form is complete, two signatures are required to verify accuracy (print name and sign)
 - The person completing the inventory
 - A witness to the inventory completion

11										
12										
13										
14										
Inventory Performed by (print name): <i>John Researcher</i>					Inventory Witnessed by (print name): <i>Steve Postdoc</i>					
Signature: 					Signature: 					



Completing the Biennial Inventory Form – Initial Order Inventory

- A Biennial Inventory form must be completed after you receive your initial order of controlled substances
- Record only what is in the controlled substances cabinet **at the time of** the inventory

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).

- Completion of inventory requires complete contents of safe on the day of the inventory.
- If containers are open, they must be on a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name):						Storage Location:					
DEA Registration #:						MA State License #:					
Type of Inventory (mark one):											
<input type="checkbox"/> Registration Approval			Date of Inventory: _____			<input type="checkbox"/> No drug in inventory*					
<input checked="" type="checkbox"/> Receipt of Initial Order			Date of Inventory: _____			Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day					
<input type="checkbox"/> Biennial (every 2 years)			Date of Inventory: _____			Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day					
Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matches Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No	
1											
2											
3											
4											
5											
6											
7											
8											
9											



Completing the Biennial Inventory Form – Initial Order Inventory

- Enter the Registrant’s Name
- Enter the location of the controlled substances cabinet
- Provide both the DEA Registration and MA State License numbers

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).

- *Completion of inventory requires complete contents of safe on the day of the inventory. If it does not match your disposition log, contact Research Compliance.
- **If containers are open, they must be in a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name): <i>John Researcher PhD</i>	Storage Location: <i>Research Lab, Room 24</i>
DEA Registration #: <i>R10999999</i>	MA State License #: <i>RES0001234</i>

Type of Inventory (mark one):

<input type="checkbox"/> Registration Approval	Date of Inventory: _____	<input type="checkbox"/> No drug in inventory*	
<input type="checkbox"/> Receipt of Initial Order	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day
<input type="checkbox"/> Biennial (every 2 years)	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day



Completing the Biennial Inventory Form – Registration Approval

- Check the “Receipt of Initial Order” box under Type of Inventory
- Enter the date the inventory took place
- Mark what time of day the inventory took place

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).

- *Completion of inventory requires complete contents of safe on the day of the inventory. If it does not match your disposition log, contact Research Compliance.
- **If containers are open, they must be in a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name): <i>John Researcher PhD</i>	Storage Location: <i>Research Lab, Room 24</i>												
DEA Registration #: <i>R10999999</i>	MA State License #: <i>RES0001234</i>												
<p>Type of Inventory (mark one):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Registration Approval</td> <td style="width: 25%;">Date of Inventory: _____</td> <td style="width: 25%;"><input type="checkbox"/> No drug in inventory*</td> <td style="width: 25%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Receipt of Initial Order</td> <td>Date of Inventory: <i>08/01/2024</i></td> <td>Time of day: <input checked="" type="checkbox"/> Start of Day</td> <td><input type="checkbox"/> End of Day</td> </tr> <tr> <td><input type="checkbox"/> Biennial (every 2 years)</td> <td>Date of Inventory: _____</td> <td>Time of day: <input type="checkbox"/> Start of Day</td> <td><input type="checkbox"/> End of Day</td> </tr> </table>		<input type="checkbox"/> Registration Approval	Date of Inventory: _____	<input type="checkbox"/> No drug in inventory*		<input checked="" type="checkbox"/> Receipt of Initial Order	Date of Inventory: <i>08/01/2024</i>	Time of day: <input checked="" type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day	<input type="checkbox"/> Biennial (every 2 years)	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day
<input type="checkbox"/> Registration Approval	Date of Inventory: _____	<input type="checkbox"/> No drug in inventory*											
<input checked="" type="checkbox"/> Receipt of Initial Order	Date of Inventory: <i>08/01/2024</i>	Time of day: <input checked="" type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day										
<input type="checkbox"/> Biennial (every 2 years)	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day										



Completing the Biennial Inventory Form – Initial Order Inventory

- On separate lines, enter information for all containers in the cabinet
 - Identify the DEA schedule of the controlled substance
 - Enter the name and manufacturer of the controlled substance
 - Enter the concentration of the controlled substance
 - List the quantity of that controlled substance in the cabinet
 - Enter the volume in each container

Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matches Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No
1	III	Ketamine/Company	2	100mg/ml	10ml					
2										
3										
4										



Completing the Biennial Inventory Form – Initial Order Inventory



- On separate lines, enter information for all containers in the cabinet
 - Confirm that the container is not a secondary container
 - Confirm that the container is not open
 - Confirm that the volume entered in this form matches the volume in the disposition log
 - Confirm that the container is not expired
 - Confirm that the container is not awaiting disposal

Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matches Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No
1	III	Ketamine/Company	2	100mg/ml	10ml	No	No	Yes	No	No
2	III	Xylazine/Company	1	300mg/ml	30ml	No	No	Yes	No	No
3										
4										



Completing the Biennial Inventory Form – Initial Order Inventory

- Once the form is complete, two signatures are required to verify accuracy (print name and sign)
 - The person completing the inventory
 - A witness to the inventory completion

11										
12										
13										
14										
Inventory Performed by (print name): <i>John Researcher</i>					Inventory Witnessed by (print name): <i>Steve Postdoc</i>					
Signature: 					Signature: 					



Completing the Biennial Inventory Form – Biennial Inventory

- A Biennial Inventory form must be completed every two years
- Record only what is in the safe **at the time of** the inventory, including substances waiting for disposal and secondary containers
- Opened containers must be recorded separately

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).

- Completion of inventory requires complete contents of safe on the day of the inventory.
- If containers are open, they must be on a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name):				Storage Location:						
DEA Registration #:				MA State License #:						
Type of Inventory (mark one):										
<input type="checkbox"/> Registration Approval		Date of Inventory: _____		<input type="checkbox"/> No drug in inventory*						
<input type="checkbox"/> Receipt of Initial Order		Date of Inventory: _____		Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day						
<input checked="" type="checkbox"/> Biennial (every 2 years)		Date of Inventory: _____		Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day						
Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matched Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No
1										
2										
3										
4										
5										
6										
7										
8										
9										



Completing the Biennial Inventory Form – Biennial Inventory

- Enter the Registrant’s Name
- Enter the location of the controlled substances cabinet
- Provide both the DEA Registration and MA State License numbers

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).

- *Completion of inventory requires complete contents of safe on the day of the inventory. If it does not match your disposition log, contact Research Compliance.
- **If containers are open, they must be in a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name): <i>John Researcher PhD</i>	Storage Location: <i>Research Lab, Room 24</i>
DEA Registration #: <i>R10999999</i>	MA State License #: <i>RES0001234</i>

Type of Inventory (mark one):

<input type="checkbox"/> Registration Approval	Date of Inventory: _____	<input type="checkbox"/> No drug in inventory*	
<input type="checkbox"/> Receipt of Initial Order	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day
<input type="checkbox"/> Biennial (every 2 years)	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day	<input type="checkbox"/> End of Day



Completing the Biennial Inventory Form – Biennial Inventory

- Check the “Biennial” box under Type of Inventory
- Enter the date the inventory took place
- Mark what time of day the inventory took place

DEA Biennial Inventory Form

Please complete at registration approval, receipt of initial inventory, and then repeat biennially (every two years).

- *Completion of inventory requires complete contents of safe on the day of the inventory. If it does not match your disposition log, contact Research Compliance.
- **If containers are open, they must be in a separate line.
- For schedules I and II, identify each unit individually and the exact quantity contained in each unit.
- For schedules III, IV and V, identify total quantity of all units to the nearest unit (weight or volume).

Registrant (Print Name): <i>John Researcher PhD</i>	Storage Location: <i>Research Lab, Room 24</i>									
DEA Registration #: <i>R10999999</i>	MA State License #: <i>RES0001234</i>									
<p>Type of Inventory (mark one):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Registration Approval</td> <td style="width: 33%;">Date of Inventory: _____</td> <td style="width: 33%;"><input type="checkbox"/> No drug in inventory*</td> </tr> <tr> <td><input type="checkbox"/> Receipt of Initial Order</td> <td>Date of Inventory: _____</td> <td>Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day</td> </tr> <tr> <td><input checked="" type="checkbox"/> Biennial (every 2 years)</td> <td>Date of Inventory: <i>08/01/2024</i></td> <td>Time of day: <input checked="" type="checkbox"/> Start of Day <input type="checkbox"/> End of Day</td> </tr> </table>		<input type="checkbox"/> Registration Approval	Date of Inventory: _____	<input type="checkbox"/> No drug in inventory*	<input type="checkbox"/> Receipt of Initial Order	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day	<input checked="" type="checkbox"/> Biennial (every 2 years)	Date of Inventory: <i>08/01/2024</i>	Time of day: <input checked="" type="checkbox"/> Start of Day <input type="checkbox"/> End of Day
<input type="checkbox"/> Registration Approval	Date of Inventory: _____	<input type="checkbox"/> No drug in inventory*								
<input type="checkbox"/> Receipt of Initial Order	Date of Inventory: _____	Time of day: <input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day								
<input checked="" type="checkbox"/> Biennial (every 2 years)	Date of Inventory: <i>08/01/2024</i>	Time of day: <input checked="" type="checkbox"/> Start of Day <input type="checkbox"/> End of Day								



Completing the Biennial Inventory Form – Biennial Inventory

- On separate lines, enter information for all containers in the cabinet
 - Identify the DEA schedule of the controlled substance
 - Enter the name and manufacturer of the controlled substance
 - Enter the concentration of the controlled substance
 - List the quantity of that controlled substance in the cabinet
 - For schedules I and II, identify each unit individually and the exact quantity contained in each unit
 - For schedules III, IV, and V, identify total quantity of all units to the nearest unit (weight or volume)
 - Enter the volume present in the container at the time of inventory

Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matches Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No
1	III	Ketamine/Company	1	100mg/ml	10ml					
2										
3										
4										



Completing the Biennial Inventory Form – Biennial Inventory

- On separate lines, enter information for all containers in the cabinet
 - Identify whether the container is a secondary container
 - Identify whether the container is open
 - Confirm that the volume entered in this form matches the volume remaining in the disposition log
 - Identify whether the container is expired
 - Identify whether the container is awaiting disposal

Open containers must be listed separately

Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matches Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No
1	III	<i>Ketamine/Company</i>	<i>1</i>	<i>100mg/ml</i>	<i>10ml</i>	<i>No</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>No</i>
2	III	<i>Ketamine/Company</i>	<i>1</i>	<i>100mg/ml</i>	<i>4ml</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>
3	III	<i>Ketamine/Xylazine</i>	<i>1</i>	<i>Ketamine 90mg/kg and xylazine 10mg/kg</i>	<i>1ml</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>



Completing the Biennial Inventory Form – Initial Order Inventory



- Schedule II Controlled Substances example

Line No.	DEA Schedule (I-V)	Controlled Substance/Manufacturer	Qty**	Concentration	Volume per container	Secondary container Yes/No	Open Yes/No	Matches Disposition Yes/No*	Expired Yes/No	Awaiting Disposal Yes/No
1	II	Fentanyl/Company	1	50mcg/ml	36.5ml	No	Yes	Yes	No	No
2	II	Fentanyl/Company	1	50mcg/ml	1.2ml	No	Yes	Yes	Yes	Yes
3										
4										



Completing the Biennial Inventory Form – Biennial Inventory

- Once the form is complete, two signatures are required to verify accuracy (print name and sign)
 - The person completing the inventory
 - A witness to the inventory completion

11										
12										
13										
14										
Inventory Performed by (print name): <i>John Researcher</i>					Inventory Witnessed by (print name): <i>Steve Postdoc</i>					
Signature: 					Signature: 					





Mass General Brigham