

APPENDIX 9-C

**INVENTORY OF CONTROLLED SUBSTANCES
The University of North Carolina at Chapel Hill**

Registrant:	Current Date and Time:
DEA#:	Last Inventory Date*:

Inventory Performed by: _____
Print Name Signature

Inventory Witness: _____
Print Name Signature

*Note: This list must be updated at least every 24 months, and retained for at least three years after last entry date.

Name of Substance:	Finished Form:	Number of Units in each Container:	Number of Containers:	Total Units: