Appendix C
UC Irvine Annual Controlled Substance Inventory Log

This inventory is a requirement of Part 1304.22 CFR*, Records and Reports of Registrants. You must keep a copy of this Inventory Log and the records related to the listed entries for at least 3 years from the date of the inventory for inspection by authorized UCI employees and DEA agents.

1. Your annual inventory must include all the Controlled Substances in your possession as of the date and time given below.
2. When issued a Control Substance Use Authorization (CSUA), an initial inventory must be taken with an actual physical count of all controlled substances in your possession. If there are no stocks of controlled substances on hand, the registrant should make a record showing a zero inventory.
3. Prior to your inventory, if you have controlled substances in your possession that are expired or no longer needed i.e., from protocols that are no longer active, you should submit an online Disposal Request. You must include all controlled substances awaiting disposal in your inventory.
4. Schedule I and II drugs must be listed together and separate from Schedule III-V drugs.
5. List partial vials on separate lines.

Information regarding UCI's Controlled Substance Program is available at www.ehs.uci.edu > Occupational Health > Controlled Substances. Contact Monique Skahan, Controlled Substance Coordinator, at occhth@uci.edu or mskahan@uci.edu if you have any concerns with this Inventory Log or the use of Controlled Substances for research or teaching purposes.

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Strength per Unit</th>
<th>Volume of Container</th>
<th># Full, unopened Containers</th>
<th>List Volume Remaining in Each Opened Container Separately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Ketamine</td>
<td>10mg/ml</td>
<td>10ml vial</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Example: Ketamine</td>
<td>10mg/ml</td>
<td>10ml vial</td>
<td>0</td>
<td>9ml</td>
</tr>
<tr>
<td>Example: Ketamine</td>
<td>10mg/ml</td>
<td>10ml vial</td>
<td>0</td>
<td>5ml</td>
</tr>
</tbody>
</table>

Forms are available on our website

☐ I have NO inventory of Controlled Substances at this time.

Location of inventory: ___________________ ☐ Campus ☐ UCIMC ☐ Other site (Building & Room)

Inventory performed by: ___________________ Date: _________________ *Time: am/pm

This inventory was taken ☐ At the start of the day ☐ At the end of the day

*The inventory may be taken either as of opening of business or as of the close of business on the inventory date and it shall be indicated on the inventory.

Code of Federal Regulations Section 1304.11 Inventory Requirements

Form effective 09/2016