



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF NARCOTICS AND DANGEROUS DRUGS  
**ANNUAL INVENTORY OF CONTROLLED SUBSTANCES**

REGISTRANT NAME	DATE
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SCHEDULE(S) INVENTORIED

INVENTORY OF SCHEDULE 2 DRUGS ONLY (INDIVIDUALLY HAND COUNTED)

INVENTORY OF SCHEDULES 3, 4, 5 ONLY  
 (INVENTORY FOR SCHEDULE 2 DRUGS MUST BE ON SEPARATE FORM THAT SCHEDULES 3, 4, 5)

TIME OF INVENTORY

INVENTORY TAKEN BEFORE OPENING OF BUSINESS

INVENTORY TAKEN AFTER CLOSING OF BUSINESS

\_\_\_\_\_ TIME OF DAY INVENTORY TAKEN, IF OPERATIONS ARE 24 HOURS A DAY

DRUG NAME	STRENGTH	FORM	NUMBER OF CONTAINERS	QUANTITY
<i>Example - alprazolam</i>	<i>1mg</i>	<i>Tablets</i>	<i>100 ct stock bottle</i>	<i>3 bottles</i>
<i>alprazolam</i>	<i>1mg</i>	<i>Tablets</i>	<i>100 ct stock bottle</i>	<i>63 tablets</i>

ANNUAL INVENTORIES MUST BE ON PAPER AND NOT ELECTRONIC. FORMS MUST DOCUMENT THE DATE OF INVENTORY; WHETHER IT WAS TAKEN AT THE BEGINNING OR CLOSE OF BUSINESS OR TIME OF DAY; NAME OF EACH DRUG; THE FINISHED FORM OF EACH SUBSTANCE; NUMBER OF DSAGE UNITS OF EACH FINISHED FORM IN THE COMMERCIAL CONTAINER; AND THE NUMBER OF COMMERCIAL CONTAINERS OF EACH FINISHED FORM.