

# Biennial Controlled Substance Investigator Inventory

Fill out, sign, and submit this form to the EHS Office by emailing: [CSP@bu.edu](mailto:CSP@bu.edu) or by fax at 617-638-8822, biennially. The CS office may at any time and without forewarning access the Principal Investigator's CS stocks and logbook to verify the contents of this submitted inventory.

## I. PRINCIPAL INVESTIGATOR

PI Last Name

PI First Name

BUID (include U)

## II. CONTROLLED SUBSTANCES PHYSICAL INVENTORY

For each controlled substance at each location, make an entry in the table below. Amounts reported below must be the result of an actual physical inventory, as opposed to a tally of logbook entries. All controlled substances must be stored as approved and directed by the CS Program.

Controlled Substance	Number of Containers	Amount (g, mg, ml) and concentration	Building Letter, Name, & Room	Storage Type
----------------------	----------------------	--------------------------------------	-------------------------------	--------------

### III. AUTHORIZED CS HANDLERS

Only individuals who report directly to the Principal Investigator are allowed access to controlled substance (CS) ordered by the Principal Investigator.

Faculty who do not report to the Principal Investigator named in Section I must apply separately and cannot appear on this application.

Last Name	First Name	ID	Position	Signature Sample
-----------	------------	----	----------	------------------

### IV. PRINCIPAL INVESTIGATOR ACKNOWLEDGEMENT

I, the Principal Investigator listed in Section I, by signing below, certify that the information provided in this inventory is true and accurate.

Principal Investigator Signature

Date of Inventory