APPENDIX A
University of Houston
Controlled Substances and Dangerous Drugs Inventory

Registrant: _____

Date:_____

Name of Substance	Finished form	Number of units or volume	Number of commercial container	Expiration	Building	Room #
(e.g. Prozac)	(e.g. 10 mg/tablet or 10 ml/oz or 10g/ml)	(e.g. 100 tablet bottle or 10 ml vial)	(e.g. four 100 tablet bottles or six 10 ml vials)	(e.g. May 2001)	(e.g. SR1)	(e.g. 421)

Note: Schedules I and II require an exact count or measure. Schedules III, IV or V allow for an estimated count or measure.