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NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

Controlled Substance Inventory Form

Name and title of person responsible for completing form							Telephone Number	
D.E.A. Registration number or Article 33 License number						BUREAU USE ONLY		
D.E.A. Hogishadish hamber of Attiole so Electise Humber						BNE Log		
Signature						No		
Signature								
Name and mailin	g address of the practitioner or i	nstitution						
Item #	Drug Name	Strength	Quantity/	Reason for Destruction	Source o	f Denge	Rx Numbers	
	Drug Name	Strength	Liquid Amt.	Reason for Destruction	30tirce 0	Drugs	(3A Facilities)	
1.								
2.								
3.								
4.								
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