

SECTION I - CONTINUED

NAME OF DRUG OR PREPARATION Submitter will fill in Columns 1, 2, 3, 4 and 5 only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	Shipping Box Number	FOR OSBI USE ONLY
					DISPOSITION
1	2	3	4	5	6
17					
18					
19					
20					
21					

Signature of Submitter _____ Date _____

Telephone Number (_____) _____

Complete for Registrant Submittals:

DEA Number _____

OBN Number _____

Source of Submittal (Check one) _____

Registrant _____

Group Home _____

Residential Care Facility _____

Other: (specify) _____

Total number of inventory sheets in submittal _____. If more than one, this is _____ of _____ total sheets. Total number of boxes in submittal _____ (number)

If more than one shipping box they are to be numbered and inventory sheets placed in each box as described in the instructions.

SECTION II

INSTRUCTIONS

- List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, in column 4 the controlled substance content of each unit described in column 3, and in column 5 the shipping box number in which these items are packaged. [e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.), Box 6; or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), box 2., etc.]
- All substances included on a single line should be identical in name, content, controlled substance strength and contained in the same shipping box.
- Complete this form. Mail two (2) copies (original and 1 photocopy) of this form to the Oklahoma State Bureau of Investigation, under separate cover. Enclose one additional copy in each shipping box with the drugs. Retain one copy for your permanent controlled substance records. (One copy will be returned to you as a receipt.)
- There is no provision for payment for drugs surrendered.
- Do not submit non-controlled substances using this form.
- Drugs should be shipped tape-sealed return receipt requested via prepaid private contractor, common carrier or U.S. Postal Service. Drugs may also be delivered in person by the submitter with prior appointment.
- Mailings and shipments should be addressed as follows:
 Oklahoma State Bureau of Investigation
 Attention: Evidence Technician Division
 800 E. 2nd St.
 Edmond, OK 73034
 Phone - (405) 330-OSBI (6724)

SECTION III

INFORMATION

- AUTHORITY:** The controlled substances surrendered are in accordance with Title 63 O.S. Section 2-315.
- PURPOSE:** To document the surrender of controlled substances which have been forwarded by submitters to OSBI for disposal.
- ROUTINE USES:** This form is required by the OSBI for the surrender of Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.
- Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 - State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- EFFECT:** Failure to document the surrender and proper disposal of Controlled Substances may result in criminal prosecution for violation of the Uniform Controlled Dangerous Substances Act.

SECTION IV - FOR OSBI USE ONLY

The controlled substances surrendered have been received purporting to contain the drugs listed on this inventory.

Received by _____ Inventory Review _____

Comment _____

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