# Working Instructions Form 6A: Controlled Substances Inventory: Initial Inventory

# Definitions:

1. Controlled Substance - The Controlled Substances Act (CSA) places all substances that were in some manner regulated under existing federal law into one of five schedules.  This placement is based on the substance’s medical use, potential for abuse, and safety or dependence liability.  More information can be found in [Title 21 United States Code (USC) Controlled Substances Act](https://uscode.house.gov/view.xhtml;jsessionid=2C85B8DEBFB1BB15A7D31E29A34C3DAA?req=granuleid%3AUSC-prelim-title21&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGUyMS1zZWN0aW9uODAx%7C%7C%7C0%7Cfalse%7Cprelim&edition=prelim) [Alphabetical List of Controlled Substances](https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf)
2. Initial Inventory – The Initial Inventory is to be completed upon receiving the DEA Registration and prior to ordering controlled substances.
3. Registrant – A person licensed and registered with DEA to distribute, manufacture, administer, dispense, import, or export a Controlled Substance.
4. Stock Bottle – The container/bottle that was received from the supplier. The stock bottle has the original labels from the manufacturer.
5. Working Bottle- A chemical solution used in the lab, usually made from diluting or combining stock or standard solutions.

# Box 1: Registration Information

1. Complete the Registrant’s Name, DEA #, and address in this section. The information must appear exactly (in its entirety), as it does on the Registrant’s DEA License.
2. Record the date the inventory occurred and the name of the person(s) conducting the inventory (two people are recommended).
3. Document if the inventory was conducted at BOB or COB. Circle if the inventory was completed at the Beginning of Business (BOB) or Close of Business (COB). The inventory must be done before the start of any daily activities or after the daily activities have been completed.

# Box 2: Complete Physical Inventory for ALL Controlled Substance on hand at the time of inventory

1. This section is pre-filled out as there should not be any controlled substances on hand before the Registrant receives the DEA Registration. The Controlled Substances on hand should always be zero. If a Registrant has controlled substances on hand when receiving a new DEA Registration, then you must contact ORIC@emory.edu to receive instructions on proper documentation.
2. The Registrant must complete a separate Initial Inventory for Schedule I – II and Schedule III – V and maintain the inventory in the Registrant’s DEA Ready Binder.

**Sample Form 6A: Controlled Substances Inventory**

**Initial Inventory: Schedule I - II**

***Instructions: An initial inventory is always zero. You must create and maintain a separate inventory sheet for Schedule I & II Controlled Substances and Schedule III - V Controlled Substances. Dangerous Drugs are not to be inventoried on this sheet.***

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** Joe Smith | **DEA #:** RS1234567 | **Registered Address:** 123 Main Street, Atlanta, GA, 30325 |
| **Date of Inventory:** 05/01/23 | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:** Joe Smith | **Employee #2:** Joann Taylor |

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| **Box 2: Complete Physical Inventory for ALL Schedule I – II Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  | SAMPLE |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  | No Controlled Substances On Hand |  |  |  |
| 6 |   |   |   |   |   |   |   |
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**Sample Form 6A: Controlled Substances Inventory**

**Initial Inventory: Schedule III - V**

***Instructions: An initial inventory is always zero. You must create and maintain a separate inventory sheet for Schedule I & II Controlled Substances and Schedule III - V Controlled Substances. Dangerous Drugs are not to be inventoried on this sheet.***

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** Joe Smith | **DEA #:** RS1234567 | **Registered Address:** 123 Main Street, Atlanta, GA, 30325 |
| **Date of Inventory:** 05/01/23 | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:** Joe Smith | **Employee #2:** Joann Taylor |

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| **Box 2: Complete Physical Inventory for ALL Schedule III – V Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  | SAMPLE |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  | No Controlled Substances On Hand |  |  |  |
| 6 |   |   |   |   |   |   |   |
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**Form 6A: Controlled Substances Inventory**

**Initial Inventory: Schedule I - II**

***Instructions: An initial inventory is always zero. You must create and maintain a separate inventory sheet for Schedule I & II Controlled Substances and Schedule III - V Controlled Substances. Dangerous Drugs are not to be inventoried on this sheet.***

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** | **DEA #:** | **Registered Address:**  |
| **Date of Inventory:**  | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:**  | **Employee #2:**  |

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| **Box 2: Complete Physical Inventory for ALL Schedule I – II Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  | No Controlled Substances On Hand |  |  |  |
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**Form 6A: Controlled Substances Inventory**

**Initial Inventory: Schedule III – V**

***Instructions: An initial inventory is always zero. You must create and maintain a separate inventory sheet for Schedule I & II Controlled Substances and Schedule III - V Controlled Substances. Dangerous Drugs are not to be inventoried on this sheet.***

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** | **DEA #:** | **Registered Address:**  |
| **Date of Inventory:**  | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:**  | **Employee #2:**  |

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| **Box 2: Complete Physical Inventory for ALL Schedule III - V Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  | No Controlled Substances On Hand |  |  |  |
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| 7 |   |   |   |   |   |   |   |
| 8 |   |   |   |   |   |   |   |
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# Working Instructions Form 6B: Controlled Substances Inventory: Annual/Biennial Inventory

# Definitions:

1. Controlled Substance - The Controlled Substances Act (CSA) places all substances which were in some manner regulated under existing federal law into one of five schedules.  This placement is based on the substance’s medical use, potential for abuse, and safety or dependence liability.  More information can be found in [Title 21 United States Code (USC) Controlled Substances Act](https://uscode.house.gov/view.xhtml;jsessionid=2C85B8DEBFB1BB15A7D31E29A34C3DAA?req=granuleid%3AUSC-prelim-title21&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGUyMS1zZWN0aW9uODAx%7C%7C%7C0%7Cfalse%7Cprelim&edition=prelim) [Alphabetical List of Controlled Substances](https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf)
2. Initial Inventory – The Initial Inventory is to be completed at the Beginning of Business (BOB) or Close of Business (COB) upon receiving the DEA Registration and prior to ordering controlled substances.
3. Registrant – A person licensed and registered with DEA to distribute, manufacture, administer, dispense, import, or export a Controlled Substance.
4. Stock Bottle – The container/bottle that was received from the supplier. The stock bottle has the original labels from the manufacturer.
5. Working Bottle- A chemical solution made for actual use in the lab, usually made from diluting or combining stock or standard solutions.

# Box 1 Instructions: Registration Information

1. Document if the Registrant is conducting an Annual Inventory or Biennial Inventory in the Header.
2. Complete the Registrant’s Name, DEA #, and address in this section. The information must appear exactly (in its entirety), as it does on the Registrant’s DEA License.
3. Record the date the inventory occurred and the name of the person(s) conducting the inventory (two people are recommended).
4. BOB/COB – Circle if the inventory was completed at the Beginning of Business (BOB) or Close of Business (COB). The inventory must be done prior to the start of any daily activities (BOB) or after the daily activities have been completed (COB). There may be no movement of drugs during the inventory count.

# Box 2: Complete Physical Inventory for ALL Controlled Substance on hand at the time of inventory

1. Record the Name of the Substance, Concentration/Strength, and Initial Volume/Quantity of Container exactly as it appears on the Stock Bottle.
2. Number of Containers – If the Registrant has multiple containers of the exact same drug, concentration/strength, and container size, then the containers may be grouped together provided that active and expired are recorded separately.
3. Total Quantity/Volume on hand per Concentration/Strength – The total quantity on hand at the time of inventory must be recorded per drug name, concentration/strength, and initial volume/quantity per container.
4. Stock/Working – Record whether the drug is either a stock or working bottle. All Stock and Working Bottles that contain controlled substances must be inventoried.
5. Active/Expired – Record whether the drug is active or expired. Expired drugs waiting to be destroyed must be inventoried and reported separately.
6. The Registrant must complete a separate Inventory for Schedule I – II and Schedule III – V and maintain the inventory in the Registrant’s DEA Ready Binder.
7. Do NOT inventory dangerous drugs on this sheet. This form is for controlled substances only as required by [Title 21 CFR § 1304.04 Maintenance of records and inventories](https://www.ecfr.gov/current/title-21/chapter-II/part-1304)
8. DO NOT document controlled substances obtained through a prescription such as Buprenorphine ER/SR of this form. Use Form 6C to inventory these drugs.

**Sample Form 6B: Controlled Substances Inventory**

**Annual Inventory \_\_\_\_Biennial Inventory\_\_\_\_ : Schedule I - II**

**Note: A Biennial inventory must be conducted once within every two years of the date of the Initial Inventory. An annual inventory is recommended. A separate inventory sheet for Schedule I & II and Schedule III - V Controlled Substances must be maintained. Stock and Working Bottles, and Expired Containers must all be counted.**

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** Joe Smith | **DEA #:** RS1234567 | **Registered Address:** 123 Main Street, Atlanta, GA, 30325 |
| **Date of Inventory:** 05/01/23 | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:** Joe Smith | **Employee #2:** Joann Taylor |

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| **Box 2: Complete Physical Inventory for ALL Schedule I – II Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
| 1 | Fatal Plus | 390mg/ml | 100ml | 2 | 52ml | stock | active |
| 2 | MDMA HCL | 100% | 5gSAMPLE | 1 | 2g | stock | expired |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |
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**Sample Form 6B: Controlled Substances Inventory Continued**

**Annual Inventory \_\_\_\_Biennial Inventory\_\_\_\_ : Schedule III-V**

**Note: A Biennial inventory must be conducted once within every two years of the date of the Initial Inventory. An annual inventory is recommended. A separate inventory sheet for Schedule I & II and Schedule III - V Controlled Substances must be maintained. Stock and Working Bottles, and Expired Containers must all be counted.**

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** Joe Smith | **DEA #:** RS1234567 | **Registered Address:** 123 Main Street, Atlanta, GA, 30325 |
| **Date of Inventory:** 05/01/23 | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:** Joe Smith | **Employee #2:** Joann Taylor |

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| **Box 2: Complete Physical Inventory for ALL Schedule III – V Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
| 1 | Ketamine | 100 mg/ml | 10ml | 3 | 30ml | stock | active |
| 2 | Ketamine | 100 mg/ml | 10mlSAMPLE | 1 | 10ml | stock | expired |
| 3 | Ketamine/Xylazine/Saline | 20mg/30mg/ml | 10ml | 1 | 1.5ml | working | active |
| 4 | Testosterone | 10mg | 5g | 1 | 3g | stock | active |
| 5 |  |  |  |  |  |  |  |
| 6 |   |   |   |   |   |   |   |
| 7 |   |   |   |   |   |   |   |
| 8 |   |   |   |   |   |   |   |
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**Form 6B: Controlled Substances Inventory**

**Annual Inventory \_\_\_\_Biennial Inventory\_\_\_\_ : Schedule I - II**

**Note: A Biennial inventory must be conducted once within every two years of the date of the Initial Inventory. An annual inventory is recommended. A separate inventory sheet for Schedule I & II and Schedule III - V Controlled Substances must be maintained. Stock and Working Bottles, and Expired Containers must all be counted.**

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| **Box 1: Registrant Information** |
| **Registrant’s Name:**  | **DEA #:**  | **Registered Address:**  |
| **Date of Inventory:**  | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:**  | **Employee #2:**  |

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| **Box 2: Complete Physical Inventory for ALL Schedule I – II Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
| 1 |  |  |  |  |  |  |  |
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**Form 6B: Controlled Substances Inventory**

**Annual Inventory \_\_\_\_Biennial Inventory\_\_\_\_ : Schedule III - V**

***Note: A Biennial inventory must be conducted once within every two years of the date of the Initial Inventory. An annual inventory is recommended. A separate inventory sheet for Schedule I & II and Schedule III - V Controlled Substances must be maintained. Stock and Working Bottles, and Expired Containers must all be counted.***

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| **Box 1: Registrant Information** |
| **Registrant’s Name:**  | **DEA #:**  | **Registered Address:**  |
| **Date of Inventory:** | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:** | **Employee #2:** |

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| **Box 2: Complete Physical Inventory for ALL Schedule III - V Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
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# Working Instructions Form 6C: Prescription-Controlled Substances Inventory: Annual/Biennial Inventory

# Definitions:

1. Prescription Controlled Substance – A controlled substance as defined by [Title 21 United States Code (USC) Controlled Substances Act](https://uscode.house.gov/view.xhtml;jsessionid=2C85B8DEBFB1BB15A7D31E29A34C3DAA?req=granuleid%3AUSC-prelim-title21&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGUyMS1zZWN0aW9uODAx%7C%7C%7C0%7Cfalse%7Cprelim&edition=prelim) [Alphabetical List of Controlled Substances](https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf) that was obtained through a prescription and not the Registrant’s DEA license. An example of the type of drug would be Buprenorphine ER/SR.
2. Principal Investigator – or PI is the individual responsible for the preparation, conduct, and administration of a research grant, cooperative agreement, training or public service project, contract, or other sponsored project
3. Stock Bottle – The container/bottle that was received from the supplier. The stock bottle has the original labels from the manufacturer.
4. Working Bottle- A chemical solution made for actual use in the lab, usually made from diluting or combining stock or standard solutions.

# Box 1 Instructions: Principal Investigator Information

1. Document if the Principal Investigator (PI) is conducting an Annual Inventory or Biennial Inventory in the Header.
2. Complete the Principal Investigator’s (PI) Name and the physical address of where the drugs are stored. All controlled substances regardless of how they are obtained should be stored in a locked substantially constructed cabinet.
3. Record the date the inventory occurred and the name of the person(s) conducting the inventory (two people are recommended).
4. BOB/COB – Circle if the inventory was completed at the Beginning of Business (BOB) or Close of Business (COB). The inventory must be done prior to the start of any daily activities or after the daily activities have been completed. There may be no movement of drugs during the inventory count.

# Box 2: Complete Physical Inventory for ALL Controlled Substance on hand at the time of inventory

1. Record the Name of the Substance, Concentration/Strength, and Initial Volume/Quantity of Container exactly as it appears on the Stock Bottle.
2. Number of Containers – If the Registrant has multiple containers of the exact same drug, concentration/strength, and container size, then the containers may be grouped together provided that active and expired are recorded separately.
3. Total Quantity/Volume on hand per Concentration/Strength – The total quantity on hand at the time of inventory must be recorded per drug name, concentration/strength, and initial volume/quantity per container.
4. Stock/Working – Record whether the drug is either a stock or working bottle. All Working Bottles that contain controlled substances must be inventoried.
5. Active/Expired – Record whether the drug is active or expired. Expired drugs waiting to be destroyed must be inventoried and reported separately.
6. The PI should maintain the inventory in the lab’s drug binder.
7. Do NOT inventory dangerous drugs or Controlled Substances obtained under the investigator’s DEA registration on this sheet. This form is only for prescription-controlled substances.

**Form 6C: Prescription Controlled Substances Inventory (Buprenorphine ER/SR)**

**Annual Inventory \_\_\_\_Biennial Inventory\_\_\_\_ : Schedule III - V**

***Note: A Biennial inventory must be conducted once within every two years of the date of the Initial Inventory. An annual inventory is recommended. A separate inventory sheet for Schedule I & II and Schedule III - V Controlled Substances must be maintained. Stock and Working Bottles, and Expired Containers must all be counted.***

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| **Box 1: Registrant Information** |
| **PI Name:**  | **Lab Address:**  |
| **Date of Inventory:** | **BOB/COB\* (circle one)** | **Name Persons conducting Inventory** | **Employee #1:** | **Employee #2:** |

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| **Box 2: Complete Physical Inventory for ALL Prescription Schedule III - V Controlled Substance on hand at the time of inventory** |
| **Line No.** | **Name of Substance** | **Concentration/Strength** | **Initial Volume/ Quantity of Container** | **Number of Containers** | **Total Quantity/Volume on Hand per Concentration/Strength** | **Stock/Working** | **Active or Expired** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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