

Principal Investigator:

EID:

Bldg/Room (storage/use)areas:

Department:

Phone:

Controlled Substance Schedules

Federal DEA License Number

DEA License Expiration Date

TX DPS License Number

TX DPS License Expiration Date

Authorized Users

Name:

EID:

- 1.
- 2.
- 3.
- 4.
- 5.

Y = Yes N = No N/A = Not Applicable

Receipt Records

1. Receipt records kept

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Log Records

2. Logs for Schedule I-II separate from Schedule III-V
3. Log records complete and include:
 - a. Drug name
 - b. Drug location (Bldg/Room)
 - c. Concentration/Strength
 - d. Units
 - e. Date dispensed
 - f. Amount dispensed
 - g. Dispensed by
 - h. Drug remaining

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inventory Records

4. Inventory taken at least every two years
5. Inventory records complete and include:
 - a. Drug name
 - b. Drug location (Bldg/Room)
 - c. Concentration / Strength

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Inventory Records continued...)

- | | Y | N | N/A |
|--|--------------------------|--------------------------|--------------------------|
| d. Units | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If expired, reason being maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Physical inventory conducted matches record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Inventory discrepancies are reported to EHS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Disposal/Loss Records

- | | Y | N | N/A |
|------------------------------|--------------------------|--------------------------|--------------------------|
| 8. Records kept | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Records include: | | | |
| a. Drug name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Drug location (Bldg/Room) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Concentration/Strength | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Quantity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Date disposed/loss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Disposed by: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Signature of supervisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Security

- | | Y | N | N/A |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| 10. Safe or locked cabinet used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Order forms and logs secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Access is controlled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Personnel screened
Method: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other

- | | Y | N | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 14. All records maintained for previous two plus current years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Pharmaceutical grade drugs used in animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Expired drugs not used in animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

For more information, see the following Environmental Health and Safety website about DEA controlled substances: http://www.utexas.edu/safety/ehs/lab/dea_substances.html

