

CONTROLLED SUBSTANCES INSPECTION FORM

Principal Investigator/Lab Group	
LCSC	
CCSC	
Location (Building/Rooms)	
Lockbox #	
Date Inspection completed	

Today's inventory was:

DATE: _____

- Semi-annual self-inspection
- Annual inspection
- Biennial inventory

	YES	NO	N/A
LABORATORY CS BINDER ITEMS			
a) ATTACHMENT A (CONTROLLED SUBSTANCES AUTHORIZATION FORM) AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) APPENDIX A-1 FORM (DIVISIONAL APPROVAL) AVAILABLE (IF APPLICABLE) (THE PURPOSE OF THE STUDY HAS BEEN REVIEWED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) AUTHORIZED INDIVIDUALS LIST IS UP TO DATE AND HAS BEEN SENT TO THE CCSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) INSPECTION REPORTS ARE AVAILABLE (MINIMUM PAST TWO YEARS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND OTHER OBSERVATIONS

	YES	NO	N/A
CS CONTROL NUMBER, UDTD CERTIFICATES AND LOGBOOKS			
a) UDTD CERTIFICATES AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) UDTD CERTIFICATES MATCHES CS PHYSICAL INVENTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) CS PHYSICAL INVENTORY MATCHES LOGBOOK AND CSTS INVENTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) CS LOGBOOKS ARE COMPLETE AND CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) SCHEDULE II MATERIAL IS DOCUMENTED ON ITS OWN LOGBOOK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) CS EXPIRATION DATES HAVE BEEN CHECKED AND ARE IN DATE (Expired drugs should be returned to the CCSC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND OTHER OBSERVATIONS

Date: _____, LCSC Initials: _____

CONTROLLED SUBSTANCES INSPECTION FORM

	YES	NO	N/A
SECURITY			
a) CS LOCKBOX IS MAINTAINED LOCKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) CS LOCKBOX KEYS LOCATED IN A SECURE AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ALL CS LOCKBOXES LISTED AND APPROVED BY CCSC PER MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND OTHER OBSERVATIONS

	YES	NO	N/A
INVENTORY IN CS TRACKING SYSTEM			
a) ALL CS AMOUNTS AND STATUS HAVE BEEN UPDATED IN THE CSTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) INVENTORY FORM HAS BEEN GENERATED IN THE CSTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) INVENTORY FORM HAS BEEN PRINTED, SIGNED AND PLACED IN THE CS BINDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND OTHER OBSERVATIONS

LCSC Name _____

LCSC Signature _____

CCSC Name
(Annual inspection and Biennial Inventory only) _____

CCSC Signature
(Annual inspection and Biennial Inventory only) _____

Date: _____, LCSC Initials: _____