

## CONTROLLED SUBSTANCES INSPECTION FORM

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

**Today's inventory was:**

**DATE:** \_\_\_\_\_

Semi-annual self-inspection

☐

Annual inspection

☐

Biennial inventory

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### LABORATORY CS BINDER ITEMS

**YES      NO      N/A**

a) ATTACHMENT A (CONTROLLED SUBSTANCES AUTHORIZATION FORM) AVAILABLE

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b) APPENDIX A-1 FORM (DIVISIONAL APPROVAL) AVAILABLE (IF APPLICABLE)  
(THE PURPOSE OF THE STUDY HAS BEEN REVIEWED)

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c) AUTHORIZED INDIVIDUALS LIST IS UP TO DATE AND HAS BEEN SENT TO THE CCSC

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d) INSPECTION REPORTS ARE AVAILABLE (MINIMUM PAST TWO YEARS)

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COMMENTS AND OTHER OBSERVATIONS

### CS CONTROL NUMBER, UDTD CERTIFICATES AND LOGBOOKS

**YES      NO      N/A**

a) UDTD CERTIFICATES AVAILABLE

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b) UDTD CERTIFICATES MATCHES CS PHYSICAL INVENTORY

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c) CS PHYSICAL INVENTORY MATCHES LOGBOOK AND CSTS INVENTORY

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d) CS LOGBOOKS ARE COMPLETE AND CLEAR

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e) SCHEDULE II MATERIAL IS DOCUMENTED ON ITS OWN LOGBOOK

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f) CS EXPIRATION DATES HAVE BEEN CHECKED AND ARE IN DATE (Expired drugs should be returned to the CCSC)

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COMMENTS AND OTHER OBSERVATIONS

Date: \_\_\_\_\_, LCSC Initials: \_\_\_\_\_



CONTROLLED SUBSTANCES INSPECTION FORM

	YES	NO	N/A
<b>SECURITY</b>			
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
<b>INVENTORY IN CS TRACKING SYSTEM</b>			
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:\_\_\_\_\_