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| **GENERAL INFORMATION** | | | |
| **Licensee/Registrant:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTROLLED SUBSTANCE PROCEDURES** | **Yes** | **No** | **N/A** | **Resources** |
| 1. **Restricted access procedures are in place** |  |  |  |  |
| 1. **Secondary containers are labeled properly** |  |  |  |  |
| **AUTHORIZED AGENT RECORDS** |  |  |  | [Authorized Use Overview](https://ehs.msu.edu/lab-clinic/cont-sub/authorized-use-overview.html) |
| 1. **Current list of authorized agents** |  |  |  | [Authorized Agent Log](https://ehs.msu.edu/_assets/docs/cont-sub/authorized-agent-log.pdf) |
| 1. **Authorized agent screening statements** |  |  |  | [Authorized Agent Questionnaire](https://ehs.msu.edu/_assets/docs/cont-sub/authorized-user-questionnaire.pdf) |
| 1. **Authorized agent delegation of responsibilities is documented** |  |  |  | [Authorized Agent Log](https://ehs.msu.edu/_assets/docs/cont-sub/authorized-agent-log.pdf) |
| **ACQUISITION RECORDS** |  |  |  | [Records and Inventories Overview](https://ehs.msu.edu/lab-clinic/cont-sub/inventory-overview.html) |
| 1. **Acquisition and ordering invoices** |  |  |  |  |
| 1. **Name, address and DEA # of supplier is on invoice** |  |  |  |  |
| 1. **Name, concentration/weight, dosage form, and quantity of substance received is on invoice** |  |  |  |  |
| 1. **Signature of person receiving shipment (needs to be an authorized user)** |  |  |  |  |
| 1. **Date received** |  |  |  |  |
| 1. **Schedule I and II- copy 3 of DEA Form 222 must be completed and kept on file** |  |  |  |  |
| 1. **Schedule I and II records kept separate from all other records; III-V records kept separate from all other records or are readily retrievable** |  |  |  |  |
| 1. **DEA Form 222s are kept secure** |  |  |  |  |
| **ONGOING RECORDS** |  |  |  | [Records and Inventories Overview](https://ehs.msu.edu/lab-clinic/cont-sub/inventory-overview.html) |
| 1. **General inventory** |  |  |  | [General Inventory Sample](https://ehs.msu.edu/_assets/docs/cont-sub/general-inventory-form.pdf) |
| 1. **Multiple dose usage logs** |  |  |  | [Multiple Dose Usage Log Sample](https://ehs.msu.edu/_assets/docs/cont-sub/multiple-dose-usage-form.pdf) |
| 1. **Diluted drug usage log** |  |  |  | [Diluted Drug Solution Log Sample](https://ehs.msu.edu/_assets/docs/cont-sub/diluted-solution-usage-form.pdf) |
| 1. **Use of drugs outside of registered location is documented** |  |  |  | [FAQs: Registration and Licensing](https://ehs.msu.edu/lab-clinic/cont-sub/cont-sub-faq.html#registration) |
| **INVENTORY RECORDS** |  |  |  | [Records and Inventories Overview](https://ehs.msu.edu/lab-clinic/cont-sub/inventory-overview.html) |
| 1. **Initial inventory** |  |  |  | [Initial Inventory Form Sample](https://ehs.msu.edu/_assets/docs/cont-sub/initial-inventory-form.pdf) |
| 1. **Annual inventory** |  |  |  | [Annual Inventory Form Sample](https://ehs.msu.edu/_assets/docs/cont-sub/annual-inventory-form.pdf) |
| 1. **Name, address and DEA #** |  |  |  |  |
| 1. **Date and time (beginning or end of day)** |  |  |  |  |
| 1. **Signature of person taking inventory** |  |  |  |  |
| 1. **Name of substance** |  |  |  |  |
| 1. **Finished form of the substance (5-mg tablet; 5-mg/fluid oz.)** |  |  |  |  |
| 1. **Number of units or volume of each finished form in each commercial container (e.g., 100-tablet bottle; 5-ml vial)** For I and II make an exact count or measure of the contents—For III-V estimated count/measure unless container holds >1000 tablets then must be exact count |  |  |  |  |
| 1. **Number of commercial containers of each finished form (e.g., 5 100-tablet bottles; 6 5-ml vials)** |  |  |  |  |
| 1. **Schedule I and II inventories must be separated from schedule III-V inventories** |  |  |  |  |
| **OTHER RECORDS** |  |  |  |  |
| 1. **Transfer records** |  |  |  |  |
| 1. **Disposal records (DEA Form 41)** |  |  |  |  |
| 1. **DEA Form 106 (theft/loss)** |  |  |  |  |
| 1. **All records kept for 2 years from the date of the record** |  |  |  |  |