	Effective Date: 03/07/2023	Form Number: EHS_SOP350_FORM005
Environmental Health and Safety UNIVERSITY OF CENTRAL FLORIDA		
TITLE: Controlled Substance Inspection Self-Audit Checklist	**Responsible Authority:** Health Sciences Campus Safety Officer	

Instructions: *This is a self-audit of the overall compliance of your recordkeeping. Self-audits provide an opportunity to evaluate and improve on practices related to the handling of controlled substances to meet DEA requirements.*

☐ **Annual Inspection**   ☐ **Follow-up Inspection**   **Inspection Date**: _____

Registrant Name: _____   Registration #: _____

Department: _____   Building: _____   Room Storage Location: _____

Yes	No	N/A	Checklist Items
☐	☐	☐	1. Are DEA Registration and FL Exemption Letter in the CS Manual? Are they current?
☐	☐	☐	2. Are Employee Questionnaire on file for all Authorized Users? List of users: _____
☐	☐	☐	3. Are CS inventories up to date, and details of the use have been documented properly?
☐	☐	☐	4. Is recordkeeping maintained for the last 2 years only?
☐	☐	☐	5. Are purchase order and receipt records available for each purchase?
☐	☐	☐	6. Are DEA Form 222 available for all Schedule I and II drugs ordered? Are the forms secured?
☐	☐	☐	7. Does the registrant have an SOP for the use of CS and for detecting loss or diversion?
☐	☐	☐	8. Schedule I & II records and storage are separate from Schedule III-V, and other prescription drugs?
☐	☐	☐	9. Are disposal records and DEA 41 Form (if applicable) available?
☐	☐	☐	10. Are prepared solutions of CS labeled, locked and secured? Is a separate log sheet used?
☐	☐	☐	11. Are all losses or discrepancies in recordkeeping (if any) and promptly reported to EHS?

☐	☐	☐	12. Are the storage physical security controls adequate?
☐	☐	☐	13. Access to CS is restricted at all times to only authorized users?
☐	☐	☐	14. Authorized users and registrant up to date with training and have reviewed the Possession of Prescription Drugs and Controlled Substances Procedure?
☐	☐	☐	15. A CS Authorization Update form have been submitted to EHS when an addition/removal of an authorized user occurred?
☐	☐	☐	16. SDSs for CS in use are printed and available for inspection?
☐	☐	☐	17. Are all expired drugs being disposed of within 60 days of expiration?
☐	☐	☐	18. Have there been any drug loss or diversion?

Follow-up Actions:

Item #	Description of Problem	Corrective Action

Additional Comments: