

 <b>Environmental Health and Safety</b> <small>UNIVERSITY OF CENTRAL FLORIDA</small>	<b>Effective Date:</b> <b>04/26/2018</b>	<b>Form Number:</b> <b>EHS_SOP350_FORM005</b>
<b>TITLE:</b> Controlled Substance Inspection Self-Audit Checklist	<b>Responsible Authority:</b> <b>HSC Safety Coordinator</b>	

*Instructions: The form can be completed online but it must be printed and signed. Completed and signed forms must be kept in the Controlled Substances Manual. A completed copy must be submitted to the Health Sciences Campus Safety Coordinator.*

**Annual Inspection**       **Follow-up Inspection**      **Inspection Date:** \_\_\_\_\_

Registrant Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Room Storage Location: \_\_\_\_\_

Yes	No	N/A	Checklist Items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are DEA Registration and FL Exemption Letter in the CS Manual? Are they current?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are Employee Questionnaire on file for all Authorized Users? List of users: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are CS inventories up to date, and details of the use have been documented?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. CS inventory on hand matches the quantity stated in the Biennial Inventory Log?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Is recordkeeping maintained for the last 2 years only?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Are order and receipt records available for each purchase?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. DEA Form 222 are available for all Schedule I and II Drugs? Are the forms secured?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Does the registrant have an SOP for the use of CS and for detecting loss or diversion?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Schedule I & II records and storage are separate from Schedule III-V, and other prescription drugs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are disposal records and DEA 41 Form (if applicable) available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Are prepared solutions of CS labeled, locked and secured? Is a separate log sheet used?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Are all CS logs and receipt forms maintained?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Are all losses or discrepancies in recordkeeping (if any) and promptly reported to EHS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Are the physical security controls adequate for CS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Is access to CS restricted at all times to only individuals authorized to work with CS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Are all Authorized Users including the registrant are up to date with training and have reviewed the Possession of Prescription Drugs and Controlled Substances Procedure?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. A CS Authorization Update form has been submitted to EHS each time an addition or deletion change of authorized user has been made?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. SDSs for CS being ordered are printed and available for inspection?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Are all expired drugs being disposed of within 60 days of expiration?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Has the CS Spill Record and DEA 106 Form been used for loss or diversion?

**Follow-up Actions:**

Item #	Description of Problem	Corrective Action

**Additional Comments:**

Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_