

CONTROLLED SUBSTANCES SELF EVALUATION

This self-evaluation shall be completed at least annually by each Principal Investigator who maintains DEA/DPS licensure for use of controlled substances in research.

NOTE: Any "no" responses throughout this document must be described on a separate sheet.

Principal Investigator: _____ R#: _____
 Department: _____ Phone: _____
 Email: _____ Campus: _____
 Room #s for controlled substances: _____

DEA license number: _____ Expiration Date: _____
 DPS license number: _____ Expiration Date: _____
 Controlled Substances for which license has been obtained: _____

Authorized Users:
 Name: _____ R#: _____
 Name: _____ R#: _____
 Name: _____ R#: _____
 Name: _____ R#: _____

NOTE: Authorized Users shall be kept to a minimum number necessary to conduct the research. No unauthorized users will be allowed to access/use the controlled substances.

RECEIPT RECORDS:

| | | | |
|--|---|---|-----|
| Receipt records have been kept. | Y | N | N/A |
| Receipt records are complete and signed. | Y | N | N/A |

LOG RECORDS:

| | | | |
|--|---|---|-----|
| Logs for Schedule I-II kept separate from schedule III-V | Y | N | N/A |
| Log records have been reviewed and are complete. For each use of the substance, log records include: | Y | N | N/A |
| 1. Drug name | Y | N | N/A |
| 2. Concentration / Strength | Y | N | N/A |
| 3. Date used | Y | N | N/A |
| 4. Description of experiment | Y | N | N/A |
| 5. Location of use (campus/room) | Y | N | N/A |
| 6. Starting quantity | Y | N | N/A |
| 7. Amount used | Y | N | N/A |
| 8. "Used by" Signature | Y | N | N/A |
| 9. Amount remaining | Y | N | N/A |

INVENTORY RECORDS

| | | | |
|---|---|---|-----|
| Inventory completed within the past two years | Y | N | N/A |
| Inventory records have been reviewed and are complete. Inventory records include: | Y | N | N/A |
| 1. Drug name | Y | N | N/A |
| 2. Drug location (campus /room) | Y | N | N/A |
| 3. Concentration / strength | Y | N | N/A |
| 4. Units | Y | N | N/A |
| 5. If expired, the reason being maintained | Y | N | N/A |

| | | | |
|---|---|---|-----|
| Physical inventory conducted and matches records | Y | N | N/A |
| Any inventory discrepancies have been reported to the TTU Police Department (or local law enforcement agency) and Safety Services | Y | N | N/A |

DISPOSAL / LOSS RECORDS

| | | | |
|--|---|---|-----|
| Records are kept (HSC OP 73.04, Attachment E) and include: | Y | N | N/A |
| 1. Drug name | Y | N | N/A |
| 2. Drug location (campus / room) | Y | N | N/A |
| 3. Concentration / Strength | Y | N | N/A |
| 4. Quantity | Y | N | N/A |
| 5. Date Disposed / Lost | Y | N | N/A |
| 6. Signed by PI | Y | N | N/A |

SECURITY

| | | | |
|---|---|---|-----|
| Safe or locked cabinet used | Y | N | N/A |
| Order forms and log records are secured | Y | N | N/A |
| Access is controlled during and after hours | Y | N | N/A |
| Authorized Users identified prior to access | Y | N | N/A |

OTHER

| | | | |
|---|---|---|-----|
| All records maintained for at least two years | Y | N | N/A |
| Pharmaceutical grade drugs used in animals | Y | N | N/A |
| Expired drugs NOT used in animals | Y | N | N/A |

Additional Comments:

This document and any attachments shall be maintained by the Principal Investigator / Licensee. A copy shall be forwarded to TTUHSCEP Safety Services