

## CONTROLLED SUBSTANCES SAFETY EVALUATION

This evaluation shall be completed at least annually by Safety Services and a copy of the inspection form shall be provided to the PI. This form shall be maintained by the PI for one year.

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

Principal investigator: \_\_\_\_\_ R#: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Campus: \_\_\_\_\_

Room numbers 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 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:

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 with the past two years.	Y	N	N/A
Inventory records have been reviewed and are complete	Y	N	N/A
Inventory records include:.			
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 matches records.	Y	N	N/A
Any inventory discrepancies have been reported to the TTUHSC El Paso Police Department (or local law enforcement agency) and Safety Services.	Y	N	N/A

**DISPOSAL/LOSS RECORDS**

Records kept (HSCEP 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 Safety Services and a copy shall be forwarded to the PI/Licensee.