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.

RECIEPT 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 TTUHSC-Lubbock Safety Services, STOP 9020.