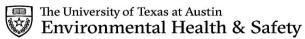
Controlled Substances Self-Evaluation Form



	PI/Registrant Name:			EID:		•	
	DEA Certificate of Registration Expiration Date:						
	Submitter Name and EID (if different from PI/Registrant):						
Storage and Security		Υ	N	0	N/A	Observations	
1	Registered storage location secured						
2	All controlled substances secured in a locked cabinet or safe						
	(including expired and dilutions/mixtures)						
3	Cabinet or safe is not readily moveable						
4	Cabinet or safe is not easily broken into						
5	Expired substances clearly labeled and segregated						
6	Schedule I and II segregated from Schedules III-V						
	Only controlled substances (and their records) stored in the						
7	cabinet/safe						
_	Cabinets/safes not shared with other PIs/Registrants with separate						
8 DEA Registrations Controlled Substances Records		Υ	N	0	NI/A	Observations	
COII	DEA Registration current - all schedules/drug codes current; drug	ı	IN		IV/A	Observations	
9	storage location current						
	Complete audit trail of all containers - all containers labeled with						
10	unique lab inventory control number						
	Controlled substances currently in possession match records						
12	Personnel records and training are up-to-date						
	All required records maintained - including purchasing and receipt, usage, inventories, distribution and disposal, and theft/loss/						
12	unauthorized use						
13	All records contain required information - including controlled						
	substance name, concentration/strength, form, container size/type,						
	and original amount						
	Records stored at the registered storage location (or electronically						
15	and accessible at the location)						
16	Records maintained for 2 years						
17	All records secured						
18	Records are separated as appropriate (e.g., Sched I-II and Sched III-V)						
Not	Notes/Comments:						

Submit self-evaluations to EHS annually. Document corrective actions and keep completed forms for one year.