

Checklist:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<p>All bottles in the lock box are logged in the logbook. Each bottle is entered on a separate logbook page listing the Drug, Date Purchased, Expiration Date, Bottle #, and Amount. If no, please explain: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>All Schedule II materials are documented in their own logbook. Schedule II materials must be recorded in their own logbook. Schedule III-V materials may be in the same logbook. If no, please explain: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>All logbook entries are complete. Date, Purpose, Person, Amount Used, and Amount Remaining, are filled in for each entry. Bottles that have been returned are noted with the date of return. If no, please explain: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Amounts used are consistent with the amounts remaining as listed in the logbook. Calculate the total amount used for each bottle. The amount remaining should equal the initial amount minus the sum of the amounts used. If no, please explain: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Expiration dates have been checked on all bottles. Expired drugs should be returned to the Central Controlled Substances Custodian. Record date in logbook when bottles are returned. If no, please explain: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Are your controlled substances lockbox and key secure? The location of you lockbox and key should have been approved by the CCSC. Confirm that the lockbox and all contents are stored in a secure manner. If no, please explain: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Are there any changes to your list of Authorized Personnel who will be working with controlled substances in your lab? If yes, please send a copy of your updated list to your CCSC with this checklist.</p>

Sign and Submit a copy of this report to the CCSC.

I certify that this semiannual inspection has been accurately completed in accordance with Caltech controlled substances procedures. I understand that failure to submit semi-annual self-inspection certification in a timely manner may result in a temporary suspension of privileges to use controlled substances. Repeated failure may result in permanent suspension of privileges.

Signature: _____

Date: _____

Print Name: _____