

# Mississippi State University Controlled Substances Audit Form

| GENERAL INFORMATION                               |                          |                          |
|---|--------------------------|--------------------------|
| DEA REGISTRATION INFORMATION                      |                          |                          |
| Licensee/Registrant:                              | DEA License #            | Date:                    |
| Yes No  |                          |                          |
| 1. DEA License is valid and available for review. | <input type="checkbox"/> | <input type="checkbox"/> |

| CONTROLLED SUBSTANCE PROCEDURES  |                          |                          |  |
|--|--------------------------|--------------------------|--|
|  | Yes                      | No                       | N/A Resources  |
| 1. Restricted access procedures are in place   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 2. Containers are labeled properly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| AUTHORIZED AGENT RECORDS   |                          |                          |  |
| 3. Current list of authorized agents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> See CS Use Log                                    |
| 4. Authorized agent delegation of responsibilities is documented                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> See Registration to Conduct Research with CS Form |
| ACQUISITION RECORDS  |                          |                          |  |
| 5. Name, address and DEA # of supplier is on invoice   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 6. Name, concentration/weight, dosage form, and quantity of substance received is on invoice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 7. Signature of person receiving shipment (needs to be an authorized user)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 8. Date received   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| ONGOING RECORDS  |                          |                          |  |
| 9. Dose usage logs accurate and up to date   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> See CS Use Log                                    |
| 10. Any usage of drugs outside of registered location is documented                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| OTHER RECORDS  |                          |                          |  |
| 11. Transfer records   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 12. Disposal records (DEA Form 41)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 13. DEA Form 106 (theft/loss)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 14. All records kept for 2 years from the date of the record                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |