

**CONTROLLED SUBSTANCE REGISTRATION
INSPECTION REPORT A**

Rev:092214 Guidance Document 76-21.1.10

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Date	Time	Days of Operation	Telephone No.
Inspection Hours	Mileage	Hours of Operation	Fax No.

Name of Entity	Permit No. 0220-	Expiration Date
Street Address	City	State Zip
Responsible Party	License No. (If Applicable)	
<input type="checkbox"/> New <input type="checkbox"/> Reinspection	<input type="checkbox"/> Routine <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Remodel <input type="checkbox"/> Change Location
Controlled Substance Schedules	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	

Analytic Laboratory (1) (2)
 Government Official (1)(2)
 Manufacturer (2)
 Researcher (1)(2)
 Teaching Institute (1) (2)
 Warehouse (2)
 Wholesale Distributor (2)

(1) Must submit a protocol with application. (2) Describe drugs stocked at location in comments or as an attachment.

GENERAL		Yes	No	RECORDS		
54.1-3422 (D)	Controlled substances are manufactured, distributed, or dispensed at location on CSRC application/certificate.			Distribution record includes:		
54.1-3423	Responsible party on CSR identified and correct,			54.1-3404	Date of selling, administering, dispensing, disposal or waste,	Yes No
54.1-3430	License conspicuously posted,			54.1-3404	Name & address of person (or owner & species) to whom sold, administered or dispensed,	
54.13423(C)	Evidence of federal registration provided for Schedule I substances. Write DEA No here:			54.1-3404	Name, strength and quantity of drug,	
STORAGE		Yes	No	54.1-3404	Signature of individual selling, administering, dispensing or disposing.	
54.1-3461	Room storage temperature (59-86F),			54.1-3404	Entries are chronological.	
54.1-3461	Refrigerator temperature (34-36F),			Drug theft or loss:		
54.1-3457 Adulterated Drugs	Expired drugs separated from working stock,			54.1-3404	Reported to the Board,	Yes No
54.1-3404	Schedule II-V drugs disposed of properly,			54.1-3404	Inventory conducted if unable to determine kind & quantity of loss.	
RECORDS		Yes	No	Biennial Inventory		
54.1-3404(D) CFR 1304.04 (f)(1)	Inventories and records of CII-IV drugs are maintained separate from all other records,			54.1-3404	Conducted within two (2) years of previous inventory,	
54.1-3404	Records for CII-V drugs maintained for two (2) years at CSR location,			54.1-3404(D) CFR 1304.04 (f)(1)	Schedule II drugs are separate from Schedule III-V drugs,	
54.1-3404	Computerized system, if applicable, is capable of retrieval of drugs administered for two (2) year period ,			54.1-3404	Indicates date of inventory,	
Records of receipt for CII-V drugs includes:		Yes	No	54.1-3404	Indicates opening or closing of business,	
54.1-3404	Date of receipt,			54.1-3404	Signed by individuals conducting inventory,	
54.1-3404	Name, & address of person from whom received,			SECURITY		
54.1-3404	Kind and quantity of drug,			54.1-3423	Maintains effective controls against diversion of controlled substances,	Yes No

COMMENTS:

110-20-710-E	Drugs are stored in a fixed and secured room, cabinet, or area with a security device for the detection of breaking		
110-20-710-E	Device is microwave, photoelectric, ultrasonic, or other generally accepted and suitable device. The installation and device shall be based on accepted alarm industry standards		
110-20-710-E	The device shall be maintained in operating order, have an auxiliary source of power, be monitored in accordance with accepted industry standards		
110-20-710-E	Device shall be capable of sending an alarm signal to the monitoring entity if breached and the communication line is not operational Describe & note how verified:		
110-20-710-E	Check if security system was verified at time of inspection. <input type="checkbox"/> Test Verified by:		

This facility has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions have been deemed by the inspector as not being in compliance and have been explained to me and that I have received a copy of the inspection report.

Signature of Inspector

Date

Signature of Applicant / Title of Applicant

Date