



Inspection Report for Laboratories with Controlled Substances

Inspecting Agent: _____

Inspection Date: _____

Person in Charge		Secondary Contact		
Primary Address		Mailing Address		
Phone #		Fax #		
Email		Registration #	CSL.	
Other Individuals Responsible for Controlled Substances				
Type of Activity Using Controlled Substances:				
Analytical	Research	Instruction	Clinical	Other
Controlled Substances Used:				
Schedule I	Schedule II	Schedule III	Schedule IV	Schedule V
Names of Controlled Substances Used:				



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Controlled Substance Units (Sec. 21a-262-1(e))

#100 tablets or capsule = 1 unit

1 pint of a liquid = 1 unit

1/8 ounce of a powder, crystal, flake, or granule= 1 unit

1 multiple use vial = 1 unit

10 suppositories = 1 unit

10 single dose ampules, tubexes, dosettes, hyporettes or other single dose package forms for injection whether powder or in solution = 1 unit

- Partial containers of controlled substances shall be considered as being full when determining the total quantity of controlled substance stock. Larger package sizes shall be counted according to the number of controlled substance units they contain. Packages sizes less than a full controlled substance unit shall be counted as the fraction of controlled substance unit which the package size contains, i.e. #50 tablets = 0.5 units

Storage 21a-262-7	COMMENTS	
1. Is the facility storing Schedule I and/or Schedule II controlled substances? (If yes, a safe is required unless the only substance stored is a barbiturate in questions 2)	YES NO N/A ADVISED	
2. Is any of the Schedule II stock a barbiturate type of medication solely used for its sedative or anesthetic effect on animals and in a quantity not more than No. 10 Controlled Substance Units? (If yes, the barbiturate may be treated like a Schedule III)	YES NO N/A ADVISED	
3. Are Schedule III, IV or V Controlled Substances stored separately in an approved safe or separate secure locked location accessible only to the minimum number of specifically authorized personnel essential for efficient operation?	YES NO N/A ADVISED	
4. Are controlled substances in the process of testing, use or research immediately returned to the required storage location upon completion of each process?	YES NO N/A ADVISED	



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SAFE REQUIREMENTS (Sec. 21a-262-1(f)) Required?	Yes	No	
Manufacturer			Model S/N
1. Does the safe have a minimum of a "B" Burglary rate?	YES NO N/A		
2. Is the safe equipped with a relocking device?	YES NO N/A		
3. Does the safe weigh at least 750 pounds or is it rendered immobile by being securely anchored to a permanent structure of the building?	YES NO N/A		
4. Does the safe have adequate interior space to store all controlled substances required to be kept within the safe?	YES NO N/A		
Security (Sec. 21a-262-2)			COMMENTS
1. Does the registrant have other safeguards (i.e. watchman service, full electrical protection of the building, electric alarms, etc.)?	YES NO N/A ADVISED		
2. Are all stocks of controlled substances in all schedules in a secure area or location accessible only to specifically authorized personnel?	YES NO N/A ADVISED		
3. Are all equipment used for the storage of controlled substances securely locked except for the actual time required to remove or replace needed items?	YES NO N/A ADVISED		



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4. Are locks in good working order with keys removed from them?	YES NO N/A ADVISED	
5. Are keys accessible to personnel that are not authorized to obtain controlled substances?	YES NO N/A ADVISED	
RECORD KEEPING (21a-254)		
RECEIPT		
1. Do the receipt records contain the following? a. Date of receipt b. Name and address of person from whom received c. Kind and quantity of controlled substances received	YES NO N/A ADVISED	
2. Are the records readily available?	YES NO N/A ADVISED	
Schedule I and II		
1. Are the forms kept separate from all other records?	YES NO N/A ADVISED	
2. Are the order forms kept securely?	YES NO N/A ADVISED	



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3. Have the forms been properly executed?	YES NO N/A ADVISED	
Schedule III-V		
1. Are the receipt records kept separate from all other records?	YES NO N/A ADVISED	
2. Are the order forms kept securely?	YES NO N/A ADVISED	
3. Have the forms been properly executed?	YES NO N/A ADVISED	
DISPOSITION RECORD		
1. Are the disposition records readily available?	YES NO N/A ADVISED	
2. Are the disposition records for Schedule I + II and Schedule III-V separately maintained?	YES NO N/A ADVISED	



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3. Do the disposition record contain the following: a. Date Used b. Manner of Use c. Item, Strength, Form, and quantity used d. Identification No. or Experiment No. e. Name of Researcher, Analyst, Etc	YES NO N/A ADVISED	
Biennial Inventory		
1. Was a biennial inventory conducted?	YES NO N/A ADVISED	
2. Is the biennial inventory readily available?	YES NO N/A ADVISED	
3. Was the biennial inventory properly executed? a. Date Conducted/Executed b. Time of Date completed c. Schedule I+II Separate from Schedule III-V d. Signature e. Complete listing	YES NO N/A ADVISED	



State of Connecticut

Department of Consumer Protection

Drug Control Division

DCP.DrugLaboratories@ct.gov

www.ct.gov/dcp/dcd

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Other Safeguards/Comments			

Signature of Registrant

Date

Signature of Drug Control Representative

Date

Not For Official Use