

**The Ohio State University  
College of Arts and Sciences  
Controlled Substance Audit Form**

Date of Inspection	
Principal Investigator	
Location	

Are controlled substances kept in a locked and secure location and is access limited to those authorized to use controlled substances?

Yes	No

If no, please explain storage conditions

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Are inventory records being maintained on the Individual Drug License form?

Yes	No

If no, please explain inventory records

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Are use/administration/waste records being maintained on OSU DEA Form 1?

Yes	No

If no, please explain use records

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Amount of Controlled Substances purchased since last inspection date (add lines if necessary)

Controlled Substance	Amount (include units)	Purchase Date

Amount of Controlled Substances present at the time of Inspection (add lines if necessary)

Controlled Substance	Amount (include units)	Usable or expired

Can the amount of controlled substances be reconciled against use records and inventory on hand?

Yes	No

If no, please explain discrepancies

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Are training records available for review and have all personnel involved in the use of controlled substances been trained?

Yes	No

If no, please explain plan for training personnel

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	Yes	No
Is the standard operating practice for controlled substances available?		
Were records consistent and well documented?		
Did lab personnel have an understanding of CS policy?		
Is there access to the lab by non-study personnel		
Is a follow up inspection required		
Describe follow up plan:		

Name (Printed)	Signature
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Principal Investigator

Name (Printed)	Signature
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Unit Head

Name (Printed)	Signature
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College Level Representative