## **CONTROLLED SUBSTANCE USAGE LOG**

- 1. One log form must be completed for each container of controlled substance. If the controlled substance is converted or diluted, start a new log form to track the usage of the dilution; reference the original container's lot or serial # and original bottle #.
- 2. Authorized users must track controlled substance usage on a per dose (use) basis. Record total quantity of the controlled substance to the nearest metric unit weight/volume or the total number of units finished form.
- 3. Bulk form controlled substances may be dispensed to authorized users for a single day. Unused bulk form controlled substances must be returned to the DEA registrant at the end of each day.
- 4. Retain log form in registrant's records for two years from the date of the last activity on the form. If any questions, email: controlsub@vcu.edu.

| DEA Registrant  | Building Name and Room Number |
|---|-------------------------------|
|   |                               |
| Name of Controlled Substance                            | Form (Bulk or Finished)       |
|   |                               |
| Lot or Serial #   | Original Bottle #             |
|   |                               |
| Container Amount  | Strength                      |
|   |                               |
| Date Received   | Date Returned                 |
|   |                               |
| Expiration Date   | Date Remainder was Disposed   |
|   |                               |
| Unique Bottle # Assigned by DEA Registrant <sup>1</sup> |                               |
|   |                               |
| Container Amount  Date Received  Expiration Date        | Strength  Date Returned       |

 $<sup>^{1}</sup>$  This information is a unique number added to the controlled substance bottle in some labs. This is not required.

| Date         | Protocol      | Amount<br>Removed (in<br>mls, tablets,<br>etc.) | Amount<br>Remaining (in<br>mls, tablets,<br>etc.) | Adn | ninistered To <sup>2</sup> : | Wastage<br>(Yes/No) <sup>3</sup> | Name of Authorized User<br>(print) | Authorized<br>User<br>Initials |
|--------------|---------------|---|---|-----|------------------------------|----------------------------------|------------------------------------|--------------------------------|
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
|              |               |   |   |     |                              |                                  |                                    |                                |
| DEA Registra | nnt Signature |   |   |     | Date                         |                                  |                                    |                                |

 $<sup>^{\</sup>rm 2}$  Number of animals and species (e.g., 5 mice) or describe other administration.

<sup>&</sup>lt;sup>3</sup> If yes, there must be a corresponding line completed in the Controlled Substance Wastage Record

## **CONTROLLED SUBSTANCE WASTAGE RECORD**

| Date | Reason for Waste | Amount Wasted | Wasted By (Print) | Witnessed By<br>(Print & Initial) |
|------|------------------|---------------|-------------------|-----------------------------------|
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |
|      |                  |               |                   |                                   |

Instructions: Retain wastage record in registrant's records for two years from the date of the last activity on the wastage record. If any questions, email: controlsub@vcu.edu.