

CONTROLLED SUBSTANCES USAGE LOG

INSTRUCTIONS

1. Due to their potential for abuse, Controlled Substances are subject to extensive licensing, registration, storage, security, use, disposal, and inventory requirements.

| Purchase Order Number: | | Date: |
|--|--------------------|--|
| Name of Responsible Researcher | • | |
| Location Where Drugs Are Stored | Building : | Room: |
| Name of Controlled Substance: | Lot/Serial Number: | Amount in Container: |
| Expiration Date: | Strength: | FORM: □ Powder □ Tablet □ Injectable □ Elixir |
| Unique Vial # Assigned by Authorized Individual: | | Date Disposed/Empty: |

- 2. FILL OUT THIS FORM UPON RECEIPT OF THE CONTROLLED SUBSTANCE.
- 3. One Usage Log sheet must be completed for each container/vial of Controlled Substance.
- 4. Controlled Substance usage MUST BE TRACKED on a per dose (use) basis and only by the Responsible Researcher or an Authorized Individual.
- 5. All Schedule II-V Controlled Substances, including their diluted forms, must be kept locked in the storage cabinet except for the actual time required for Responsible Researcher or Authorized Individual to remove, legitimately work with and return the Controlled Substances.
- 6. Controlled Substances Usage Logs must be maintained at all times in the locked cabinet together with the Controlled Substances.
- 7. The Responsible Researcher must surrender any unused, unwanted or expired Controlled Substance(s), including diluted forms, to the MBL Attending Veterinarian (x7522; MRC Room 311; E-mail: vet@mbl.edu).for proper disposal.
- 8. Failure to follow these guidelines is a serious violation of the US Drug Enforcement Administration (DEA) Controlled Substances Act (21 CFR 1300) and the Massachusetts Department of Public Health, Drug Control Program regulations (105 CMR 700.000).

| Signature of Responsible Researcher: | Date | Date: |
|--------------------------------------|------|-------|
| | | |
| MBL Attending Veterinarian: | Date | : |

| Date | Time | Protocol Number | Amount Removed (mg, mL, tablets, vials) | Amount Remaining (mg, mL, tablets, vials) | Activity Type | Signature of Responsible Researcher or Authorized Individual |
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| nature | of Ros | nonsible | Researcher | | | Date: |
| nature of Responsible Researcher: _ Attending Veterinarian: | | | | | | |