

CONTROLLED DRUGS AND SUBSTANCES

PRINCIPAL INVESTIGATOR SELF ASSESSMENT

To be completed by the PI and submitted to the Pharmacy Manager with any controlled drug requests.

- I have read and understand my responsibilities outlined in the Research Guideline, Controlled Drugs and Substances, and Veterinary Biologics Used in Scholarly Activities
- I acknowledge that I am responsible for the controlled drugs/substances under my care
- I understand that any change in storage location or long term absence of the principal investigator must be communicated to the HSC Pharmacy in advance.

Storage for controlled drugs/substances under my care meets the following criteria:

- a cupboard, refrigerator, or drawer in steel cabinet **AND**
- cupboard, refrigerator or drawer is secured using approved padlock (or equivalent) **AND**
- the cupboard, refrigerator or cabinet is fastened to the floor or wall.

Indicate the building and room number of storage:

- Storage location for the controlled drugs/substances under my care is located in a locked room that is not accessible to the public.
- Records of access privileges (electronic or key) to the room storing the controlled drugs/substances are maintained

Indicate by whom records are maintained:

Indicate location of records:

- I maintain records of access privileges (key or combination) provided to the storage cupboard, refrigerator, or drawer.
- I use and maintain an inventory log to track usage and transfer of controlled drugs/substances under my care.
- I maintain all records associated with controlled drugs/substances under my care for a minimum of 7 years.

Indicate location of records:

Printed Name of Principal Investigator	Signature	Date