Guidelines for Controlled Substances Inventory
6710.70 Series
MANMED CH 21

A Guide for Controlled Substance Inventory Boards (CSIBs)
What are Controlled Substances?

**Controlled Substance**

A ‘controlled substance’ refers to items listed under five schedules based upon their potential for abuse and physical/psychological dependence.

**Types of Controlled Substances**

- **C-I =** high abuse potential with no accepted medical use (e.g. LSD and heroin, etc.)
- **C-II =** high abuse potential with severe dependence liability (e.g. Percocet, Norco, amphetamine, Ritalin, etc.)
- **C-III through C-V =** less abuse potential than C-II and moderate dependence liability (e.g. Tylenol #3, Lortab, Ambien, Xanax, Robitussin w/codeine, etc.)
What is the function of the CSIB team?

• Account for all C-II medications and any controlled/non-controlled medications deemed of high interest by the Commanding Officer.

• Conduct unannounced inspections during normal business hours, at least quarterly, and include all custody change points from facility receipt to dispensing.

  ✓ Change of leadership can warrant an inspection and may be done in conjunction with quarterly investigation.

  ✓ At the discretion of the CSIB chair, areas requiring preparatory work (i.e. pharmacy vault) will be given sufficient notice of inspection to prepare required paperwork.

• Serve as a diversion deterrent for vested parties in the pharmacy, nursing, materials management, and other departments handling medications of interest.
CSIB Composition

• The board must have a minimum of 3 members comprising of at least one officer and one senior enlisted. The senior officer will be the board chair. All members must not have a vested interest in the processing or distribution of any medications being audited. Civilians and petty officers may participate on this board, but must be a minimum of E-7 or GS-7.

  ✓ No board member may be Pharmacy Department staff

• Prospective CSIB members must perform/obtain the following:

  ✓ Complete this CSIB Training IAW BUMEDINST 6710.70A

  ✓ Familiarize themselves with the latest version of BUMEDINST 6710.70A and any other requirements within this guide

  ✓ Shadow at least one local CSIB inspection

  ✓ Achieve a 90% on the CSIB test provided, graded, and retained by the senior board member

  ✓ Letter of Appointment from the Commanding Officer stating all training has been conducted
Controlled Substances Life Cycle

Pharmacy Supply and/or Materials Management

- C-II Ordered through DMLSS and DEA Form 222
- Received by supply from prime vendor (OCONUS)
- Distributed to pharmacy or other appropriate space

Pharmacy and/or authorized space:
Received from supply and put in vault/secure location

- Issued from vault to pharmacy breakout
- Vault medication recalled or expired sent to reverse distributor or destroyed by CSIB via authorization of CO
- Issued from vault to ward/clinic or other approved P&T location

Dispensed to patient from breakout supply as outpatient
Breakout medication recalled or expired sent to vault for inventory by CSIB team
Dispensed to patient by ward/clinic stock via a RN or approved provider
Non-dispensed medications to patients are wasted by two licensed health care professionals
Inspection of SUPPLY SERVICE

Supply and/or Materiel Management

1. C-II ordered through DMLSS and DEA Form 222
2. Received by supply from prime vendor
3. Transferred to pharmacy (e.g., fleet transfer via DD Form 1149)

- Space can be the same as pharmacy depending on size of Command
  - If space is separate from pharmacy, are storage requirements for controls/narcotics until received by pharmacy personnel adequate? (secured behind a lock that has limited personnel access, stable room temperature that is monitored)

- NAVMED 6710 forms used for supply audit:
  - 6710/20 – Supply Service Reconciliation of Records and Controlled Substances
  - 6710/27 – Supply Controlled Substances Inventory Board (CSIB) Working Paper Physical Count Balance Sheet
  - 6710/28 – Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Verification of Perpetual Inventory Records

- CHCS forms used for supply audit (printed by the pharmacy):
  - Narcotic Movement Report
  - Transaction Movement report
  - Transaction Report-General
  - Transaction Report-Specific
  - Supply Voucher Report
### NAVMED 6710/20

**Supply Service Reconciliation of Records and Controlled Substances**

**SUPPLY SERVICE RECONCILIATION OF RECORDS AND CONTROLLED SUBSTANCES**

**PHARMACY**

(To Be Used With NAVMED 6710/24, 6710/27, 6710/28)

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<thead>
<tr>
<th>INVENTORY TASKING</th>
<th>PERFORMED BY</th>
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<tbody>
<tr>
<td>1. Conduct a physical count of all Schedule II and other accountable controlled substances using NAVMED 6710/27, Supply Controlled Substances Inventory Board (CSIB) Working Paper Physical Count Balance Sheet. This step and step 2 should be completed by different members of the inventory team.</td>
<td>Name</td>
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<tr>
<td>2. Verify perpetual inventory records for Schedule II narcotics, and other drugs designated as controlled substances. Use NAVMED 6710/28, Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Verification of Perpetual Inventory Records.</td>
<td>Name</td>
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**a.** For each stocked item, record ending inventory balance from the previous quarterly CSIB audits in the "open" column.

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**b.** Record all receipt documents in the "in" column for each item. These documents include, but are not limited to, DD Form 1149, Regulation and Invoice/Shipping Document, DEA Form 222, Official Order Forms, DD Form 1348-1A, Issue Release/Receipt Document; DD Form 1348-2, Issue Release/Receipt Document with Address Label, and DD Form 1150, Order for Supplies or Services. Ascertain that these documents were properly ordered and received by at least two different supply personnel.

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**c.** Record all issue documents in the "out" column. Examine all ordering documents. Ascertain that they have proper requesting signatures and are from those medical units that have authorization to obtain controlled substances. Determine that the person receiving the substance is different from the requester.

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**3.** Reconcile the final balances of NAVMED 6710/27, Supply Controlled Substances Inventory Board (CSIB) Working Paper Physical Count Balance Sheet, with NAVMED 6710/28, Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Verification of Perpetual Inventory Records. Any discrepancy must be reconciled and reported.

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**4.** Trace issues from the supply department to proper entry on inventory records for the pharmacy service or other branch clinic inventory reports. This shall be verified by completing the Vault Receipt Documents Randomly Selected section of NAVMED 6710/24, Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Requisition Receipt.

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**5.** Verify each item on any Naval Medical Logistics Command "Controlled Substance Surveillance Report" and/or prime vendor "Monthly Record of Controlled Substances" received since the last visit. The item, unit of issue, and cost should agree with the information on the DD Form 1348-1A, Issue Release/Receipt Document; DD Form 1348-2, Issue Release/Receipt Document with Address Label; or the Prime Vendor Invoice (PV Order). Discrepancies should be reported to the Naval Medical Logistics Command (Code 06) in writing.

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**6.** Verify that any discrepancy in shipping is being processed and reported per NAVSUPINST 6710.1B.

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**7.** Conduct inventory of DEA Form 222, Official Order Forms. Account for all DEA Form 222s used since last inventory, including orders-in-transit during last inventory.

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**Additional Forms**

- NAVMED 6710/24
- NAVMED 6710/27
- NAVMED 6710/28
- DEA Form 222
- Vendor Shipping Invoice
- DD 1149 (if applicable)

**CHCS Reports**

- Supply Voucher Report
Supply Controlled Substances Inventory Board (CSIB) Working Paper Physical Count Balance Sheet

- Use may not apply when pharmacy receives orders from vendor (no physical count in supply)
- Working audit trail used by CSIB team to reconcile supply stock being received for distribution to pharmacy, authorized branch clinic, or approved space.

Additional Forms

- None

CHCS Reports

- None
Pharmacy Controlled Substance Inventory Board (CSIB) Working Paper Verification of Perpetual Inventory Records

• Working audit trail used by CSIB team to track transactions of supply stock within pharmacy.

Additional Forms

✓ None

CHCS Reports

✓ Narcotic Movement Report
Inspection of PHARMACY

- NAVMED 6710 forms used by pharmacy:
  - 6710/4 – Narcotic and Controlled Drug Inventory – 24 Hours
  - 6710/5 – Perpetual Inventory of Narcotics, Alcohol and Controlled Drugs

- NAVMED 6710 forms used for pharmacy audit:
  - 6710/19 – Pharmacy Reconciliation of Records and Controlled Substances
  - 6710/24 – Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Requisition Receipt
  - 6710/25 – Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Issue from Bulk Stores
  - 6710/26 – Outpatient Issues for Schedule II Medications
  - 6710/28 – Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Verification of Perpetual Inventory Records

- CHCS forms used for pharmacy audit (printed by the pharmacy):
  - Narcotic Movement Report
  - Transaction Movement report
  - Transaction Report-General
  - Transaction Report-Specific
  - Supply Voucher Report
NAVMED 6710/4

Narcotic and Controlled Drug Inventory – 24 Hours

- Used by pharmacy and nursing staff for daily accounting by personnel responsible for control/narcotic stock and transactions of received/returned controls/narcotics from specific space.

- In facilities where Automated Dispensing Cabinets (ADCs) are in use, electronic forms are acceptable documentation.

**Additional Forms**

- NAVMED 6701/1

**CHCS Reports**

- None
Perpetual Inventory of Narcotics, Alcohol and Controlled Drugs

- Perpetual log of all transactions occurring within the controlled medication cabinet/space

- CSIB team should mark this form with red ink on the next line after physical inventory is conducted with "CSIB Audit (Date)"

- Similar electronic forms are acceptable

<table>
<thead>
<tr>
<th>Activity</th>
<th>Name of Drug</th>
<th>Strength</th>
<th>Unit</th>
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Additional Forms
- None

CHCS Reports
- None

Electronic Forms
- ADC Generated (Omicell / Pyxis)

Forms Used By
- Pharmacy Vault
- Pharmacy Breakout Supplies
NAVMED 6710/19

Pharmacy Reconciliation of Records and Controlled Substances

- Used by CSIB team as a checklist for documentation needing review in pharmacy space.
- Need DD Form 1289 or similar "homegrown" form to show acquisition trail from bulk storage.

**Additional Forms**

- NAVMED 6710/1
- NAVMED 6710/5
- NAVMED 6710/23
- NAVMED 6710/25
- DEA Form 222
- DD Form 1289

**CHCS Reports**

- None
Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Requisition Receipt

- Used by CSIB team to track transactions to and from vault.
- Ensure all items received have two authorized signatures.

Additional Forms

- NAVMED 6710/5 or electronic equivalent
- DEA Form 222

CHCS Reports

- None
Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Issue from Bulk Stores

- Used by CSIB team to track physical count and reconciliation of supply stock to pharmacy
- Additionally, working audit trail for vault to breakout or approved ward/clinic or other approved P&T location

Additional Forms

- DD Form 1289 or local equivalent

CHCS Reports

- Narcotic Movement Report
Outpatient Issues for Schedule II Medications

- Used by CSIB team to trace DD 1289/civilian hard copy prescriptions for appropriate documentation during dispensing process

**Additional Forms**

- DD Form 1289 or civilian prescription

**CHCS Reports**

- Patient Profile
Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Verification of Perpetual Inventory Records

- Used by CSIB team to track receiving and dispensing of C-II medications and any controlled/non-controlled medication deemed of high interest by the Commanding Officer within a specific work area

### Additional Forms

- DD Form 1289 or local form
- NAVMED 6710/5

### CHCS Reports

- Narcotic Movement Report
Inspection of PHARMACY

• Requirements and points to inspect while in pharmacy area:

  ✓ Bulk C-II medications are stored within vault

  ✓ “Breakout” supply (no more than 30 days of medication) of C-II medications is stored within a secured location within the pharmacy

  ✓ Access to vault and breakout spaces is limited (Access list is posted or maintained)

  ✓ Ensure vault combinations are changed at a minimum of every six months and/or when there is a change of personnel with knowledge of combination or any suspected compromise.

  ✓ At a minimum, annually review and ensure access to automated dispensing cabinets (i.e. Pyxis, Omnicell) have a process for limiting access to controls and narcotics to appropriate medically licensed individuals assigned to their current location.

  ✓ At a minimum, annually review and ensure an active internal management process is in use for monitoring override authority and utilization within automated dispensing cabinets (i.e. Pyxis, Omnicell).
NAVMED 6710 forms used by ward/clinic:

- 6710/4 – Narcotic and Controlled Drug Inventory – 24 Hours
- 6710/1 – Narcotic and Controlled Drug Accounting Record

NAVMED 6710 forms used for ward/clinic audit:

- 6710/21 – Hospital Wards or Special Clinics Reconciliation of Records and Controlled Substances
- 6710/23 – Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Audit of NAVMED 6710/5
Narcotic and Controlled Drug Accounting Record

- Used by ward or special clinic area to document administration and waste of controls/narcotics to patients.
- In facilities where ADCs are in use, electronic forms are acceptable documentation.

Additional Forms
- None

CHCS Reports
- Patient Profile

Electronic Forms
- Automated Dispensing Cabinet (Omnicell / Pyxis)
### Narcotic and Controlled Drug Inventory – 24 Hours

- Used by pharmacy and nursing staff for daily accounting of personnel responsible for control/narcotic stock and transactions of received/returned controls/narcotics from specific space.
- Facilities where ADCs are in use, electronic forms are acceptable documentation.

#### Additional Forms

- None

#### CHCS Reports

- None
**Hospital Wards or Special Clinics Reconciliation of Records and Controlled Substances**

### HOSPITAL WARDS OR SPECIAL CLINICS RECONCILIATION OF RECORDS AND CONTROLLED SUBSTANCES

**PHARMACY**

<table>
<thead>
<tr>
<th>INVENTORY TASKING</th>
<th>PERFORMED BY</th>
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1. **On an unannounced basis,** randomly check nursing units, OR suites, or clinics that administer controlled substances. Review the amount noted on the NAVMED 6710/1 Narcotic and Controlled Drug Account Record or documented inventory available electronically from automated dispensing machine (ADM) with physical count of the drug locker. Auditor shall indicate that the inventory was conducted by signing each NAVMED 6710/1. Document in applicable columns in NAVMED 6710/23 (Pharmacy Controlled Substances Inventory Board (CSIB)). Working Paper Audit of NAVMED 6710/1.

2. When ADM is not in place, examine NAVMED 6710/1 (Narcotic and Controlled Drug Account Record) and NAVMED 6710/4 (Narcotic and Controlled Drug Inventory-24 hours) forms for accuracy and completeness. The supervisor shall remove all NAVMED 6710/4 forms over 3 months old from the narcotic and controlled substances board and transfer them to the MTF narcotics and controlled substances disposal per SECNAV M-5210.1(Department of the Navy Records Management Program).

3. **Where the OF 517 (Medical Record – Anesthesia) is used to record removal of controlled substances in lieu of automated dispensing machines or NAVMED 6710/1, Narcotic and Controlled Drug Account Record a random check of an appropriate number of OF 517s will be verified to show compliance with the following:**

   a. The upper right corner of the OF 517 Medical Record - Anesthesia shows the amount of controlled substances issued, used, and wasted with the block initialed legibly by two credentialed persons.

   b. No significant trends are noted in controlled substance usage or waste (all negative findings will be investigated by the Controlled Substances Inventory Board (CSIB) and reported).

3. When ADM is in place (Pyrus, Crinoval, Innovian, etc.), a random check of an appropriate number of dispensing transaction will be verified to show compliance with the following:

   a. The ADM reports show the amount of controlled substances issued, used, and wasted with one credentialed person signing off as a witness for the other credentialed person.

   b. No significant trends are noted in controlled substance usage or waste (all negative findings will be investigated by the Controlled Substances Inventory Board (CSIB) and reported).

**COMMENTS:**

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**Additional Forms**

- NAVMED 6710/1
- NAVMED 6710/4
- NAVMED 6710/5
- NAVMED 6710/23
- OF 517 (Anesthesia)

**CHCS Reports**

- None
**NAVMED 6710/23**

*Pharmacy Controlled Substances Inventory Board (CSIB) Working Paper Audit of NAVMED 6710/5*

- Used by CSIB team to track 6710/5 forms and medication movement within pharmacy space

### Additional Forms

- NAVMED 6710/5

### CHCS Reports

- Issue Reports (General/Specific)

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**PHARMACY CONTROLLED SUBSTANCES INVENTORY BOARD (CSIB) WORKING PAPER AUDIT OF NAVMED 6710/1 OR 6710/5**

**PHARMACY**

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Unit of Issue</th>
<th>Balance Last Audit</th>
<th>Quantity Received</th>
<th>Quantity Dispensed</th>
<th>Balance</th>
<th>Physical Count</th>
<th>Discrepancies</th>
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**MEMBER REVIEWING NAVMED 6710/1 OR 6710/5**

1. Name  
2. Rank/Rate  
3. Telephone Number (Include Area Code)  
4. Signature  
5. Date

**MEMBER CONDUCTING INVENTORY**

1. Name  
2. Rank/Rate  
3. Telephone Number (Include Area Code)  
4. Signature  
5. Date

**SENIOR BOARD MEMBER**

1. Name  
2. Rank/Rate  
3. Telephone Number (Include Area Code)  
4. Signature  
5. Date
Destruction of Controlled Medications

• Facilities that are not allowed to send controlled medications through a reverse distributor because package is open or patient returned CS will have a letter of destruction drafted by the pharmacy and endorsed by the CSIB chair. This letter shall contain the exact quantity, lot and expiration of each controlled medication to be destroyed.

• After destruction letter is signed by Commanding Officer, medications for destruction will have quantities verified by the CSIB chair along with a minimum of one disinterested officer or civilian equivalent. This party will witness the entire destruction process.

• After destruction, destroyed medications will be logged and annotated with date and time of destruction.
Destruction of Controlled Medications

• Means of destruction for non-returnable controlled medications will have an adequate process in place following Food and Drug Administration (FDA) recommendations. Information can be obtained from: [http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)

• Battalion Aid Stations (BAS) and shipboard pharmacies that do not participate with a reverse distribution program will work with local MTFs to facilitate disposal.
• Branch Health Clinics (BHCs) follow the same requirements as the parent MTF.

• CSIB inspection results will be included in the MTF CSIB report, with copies to the BHC OIC, BHC senior medical officer, or representative, as applicable, and the parent MTF pharmacy department.
CSIB Chair (Senior Member) Responsibilities

• Review audits from other branch clinics

• Conduct an audit of NAVMED Form 6710/18 annually, at a minimum
  ✔ Inform CSIB team members quarterly with information regarding audit

• Package documentation with NAVMED form 6710/22 coversheet forwarded to Commanding Officer as per Command timeline

• Forward any letters for destruction of controlled medications to Commanding Officer

• After a discrepancy is noted, ensure that initiation of resolving the discrepancy is started within seven working days
**Used by senior CSIB team member to audit pharmacy location**

**Audit must be done annually at a minimum. Additional audits may be deemed appropriate through Commanding Officer**

### Internal Controls Questionnaire

#### Pharmacists

**1. NMC/MTF/HOSPITAL/CLINIC NAME**

**2. Pharmacy Location**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td><strong>A. Control and Accountability by Pharmacy Personnel</strong></td>
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<tr>
<td>1. When not in use, are bulk (non-working stock) controlled medications (III-V) stored in an appropriate safe or locked cabinet?</td>
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<td>2. Are Schedule II controlled substances storage spaces locked, except when access is required?</td>
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<td>3. Are Schedule II controlled substances used by the pharmacy for the manufacture of stock preparations accounted for by a prescription or appropriate compounding form signed by the designated person per local standard operating procedures?</td>
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<td>4. Does the outpatient dispensing branch maintain a working quantity of controlled substances in a breakaway locker or other appropriately locked storage?</td>
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<td>5. Is an inventory of the breakaway locker items completed and documented with each change of shift? (Unless continuously documented via automation used for storage.)</td>
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<td>6. Are prescriptions of Schedule II items filed separately from Schedules III-V?</td>
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<td>7. Are separate narcotics perpetual forms (NAVMED 6710/5, Perpetual Inventory of Narcotics Alcohol and Controlled Drugs) maintained for each Schedule II item unless retrievable in a report from automation that continuously tracks medication inventory?</td>
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**B. Issue of Controlled Substances from the Pharmacy to Branch Health Clinics, Wards, or Clinics**

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<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Are discrepancy reports sent per local instruction to cognizant department head/director/charge nurse for institutions that have automated dispensing machines (ADMs)? (i.e. Psys, Clinic)</td>
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<tr>
<td>2. Are discrepancy reports reconciled and returned to the pharmacy as per local instruction?</td>
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<tr>
<td>3. Are the requests for Schedule II items, and other command designated substances accomplished using a properly prepared DD Form 1269, Prescription Form, signed by a pharmacy officer, senior pharmacy technician, or officer appointed in writing by the commanding officer to have access to pharmacy bulk storage?</td>
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<tr>
<td>4. Is a separate NAVMED 6710/1, Narcotic and Controlled Drug Account Record prepared for each item ordered? (Except where pharmacy automatically restocks ADMs an electronic audit trail must be available.)</td>
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<td></td>
</tr>
<tr>
<td>5. Are completed Narcotic and Controlled Drug Account Records (NAVMED 6710/1, Narcotic and Controlled Drug Account Record) returned to the core facility pharmacy within 30 days of completion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is adequate security provided when transferring controlled substances between the core facility and branch medical clinics?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are Schedule III, IV, and V substances ordered on a properly prepared DD Form 1348-1A, Issue Release/Receipt Document; DD Form 1348-2, Issue Release/Receipt Document with Address Label; or DD Form 1269, Prescription Form? (Except where pharmacy automatically restocks ADMs an electronic audit trail must be available.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Issue of Controlled Substances from Supply Service**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have all DD Form 1348-1A, Issue Release/Receipt Document; DD Form 1348-2, Issue Release/Receipt Document with Address Label; or other authorized forms submitted to the supply department for Schedule III, IV, and V items been signed by command authorized individuals?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D. Deteriorated Controlled Substances**

(For items not processed by Medication Returns Contractor)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all controlled substances (III-V) that have become deteriorated or of questionable potency reported in writing to the commanding officer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If destruction is directed by the commanding officer, is it accomplished in the presence of a member of the CSIB?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is a report, signed by the officers witnessing destruction, retained with the controlled substances inventory report as authority for deleting the items from inventory record and report is retained in the pharmacy for 2 years?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E. Controlled Substances Returned to the Pharmacy by Patients**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is there evidence of adherence to the local policy addressing the return of controlled substances by patients?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Coversheet for Controlled Substances Inventory Board (CSIB) Inventory

- Used by senior CSIB team member for routing all working documentation and official reports to Commanding Officer
DATE

MEMORANDUM

From: Narcotics Custodian, Pharmacy Department
To: Commanding Officer, U.S. Naval Hospital XXXX

Subj: DESTRUCTION OF CONTROLLED SUBSTANCES

Ref: (a) MANMED P-117, Chapter 21

1. Per reference (a), the listed medications are expired, damaged, or are returned prescriptions not eligible for reuse in the pharmacy. These items require destruction by placing into biohazard containers and mixing with surgical or other biohazardous waste, then shipping for incineration via the biohazardous waste contract. Wasted narcotics and their packaging will be disposed of in separate containers.

<table>
<thead>
<tr>
<th>Medications</th>
<th>DEA Class</th>
<th>Quantity</th>
<th>Control Issue Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall <strong>XR</strong> 5mg Capsule</td>
<td>C-II</td>
<td>8 Capsules</td>
<td>70753</td>
</tr>
<tr>
<td>Amphetamine Salts 5mg Tablet</td>
<td>C-II</td>
<td>100 Tablets</td>
<td>70752</td>
</tr>
<tr>
<td>Codeine 30mg Tablet</td>
<td>C-II</td>
<td>405 Tablets</td>
<td>70754, 70859, 70877</td>
</tr>
<tr>
<td>Decemethylphenidate <em>XR</em> 10mg Capsule</td>
<td>C-II</td>
<td>500 Capsules</td>
<td>70761</td>
</tr>
<tr>
<td>Morphine 15mg <em>ER</em> Tablet</td>
<td>C-II</td>
<td>800 Tablets</td>
<td>70756</td>
</tr>
<tr>
<td>Morphine 1mg/ml 10ml Vial (DURAMORPH)</td>
<td>C-II</td>
<td>8 Vials</td>
<td>70760</td>
</tr>
<tr>
<td>Norco 5mg/325mg Tablet</td>
<td>C-II</td>
<td>1 Tablet</td>
<td></td>
</tr>
<tr>
<td>Norco 7mg/325mg Tablet</td>
<td>C-II</td>
<td>10 Tablets</td>
<td>70768</td>
</tr>
<tr>
<td>fentaNYL 75mg Patch</td>
<td>C-II</td>
<td>5 Patches</td>
<td>70757</td>
</tr>
<tr>
<td>Alprazolam 0.5mg Tablet</td>
<td>C-IV</td>
<td>25 Tablets</td>
<td>70763</td>
</tr>
<tr>
<td>Covaryx H.S. 0.625/1.25mg (TE and MY Tablet)</td>
<td>C-III</td>
<td>200 Tablets</td>
<td>70755</td>
</tr>
<tr>
<td>Duzepam 5mg Tablet</td>
<td>C-IV</td>
<td>4 Tablets</td>
<td>70766</td>
</tr>
<tr>
<td>Duzepam 5mg/ml Syringe (2ml)</td>
<td>C-IV</td>
<td>49 Syringes</td>
<td>70759</td>
</tr>
<tr>
<td>Midazolam 2mg/ml Syrup</td>
<td>C-IV</td>
<td>207 Mls</td>
<td>70762, 70878, 70890</td>
</tr>
<tr>
<td>Tenaqzepam 15mg Capsule</td>
<td>C-IV</td>
<td>200 Capsules</td>
<td>70764</td>
</tr>
<tr>
<td>Testosterone 10mg/pump Gel</td>
<td>C-III</td>
<td>10 Pumps</td>
<td>70860</td>
</tr>
<tr>
<td>Zolpidem 5mg Tablet</td>
<td>C-IV</td>
<td>20 Tablets</td>
<td>70767</td>
</tr>
<tr>
<td>Tramadol 50mg Tablet</td>
<td>C-IV</td>
<td>13 Tablets</td>
<td>70765</td>
</tr>
</tbody>
</table>

Subj: DESTRUCTION OF CONTROLLED SUBSTANCES

2. I respectfully request permission to destroy the above listed controlled substances in accordance with reference(a).

X. X. XXXX
LCDR, MSC, USN

Permission granted/Not granted.

X. X. XXXXXXXX
Commanding Officer

Certificate of Destruction

We certify that the controlled substances listed in this memorandum were destroyed on the date signed below by the Controlled Substance Inventory Board in compliance with reference (a).

[Signature]
Board Member date

[Signature]
Pharmacy Officer date
MEMORANDUM

From: Senior Member, Controlled Substance Inventory Board

To: Commanding Officer

Via: (1) Command Evaluation Officer
(2) Department Head of Pharmacy
(3) Director for Surgical Services
(4) Director for Dental Services
(5) Director for Nursing Services
(6) Director for Clinical Support Services
(7) Director for Administration
(8) Executive Officer

Subj: CONTROLLED SUBSTANCE INVENTORY BOARD RESULTS OF INVENTORY REPORT FOR THE PERIOD OF ______ TO ________ DATE

Ref: (a) NAVMED P-117 CH 21
(b) HOMEDINST 6710.70A
(c) NAVHOSPSPXXXX INST XXXX
(d) SECNAV M-5210.1 of Jan 2012

Encl: (1) NAVMED 6720/18 through 6710/26 (excluding 6710/20, 23 and 25)
(2) OTHER MEMO AS REQUIRED BY COMMAND

1. Per references (a) through (d), an unannounced inventory of the controlled substance medications at U.S. Naval Hospital XXX was conducted from June 2015. The areas inventoried were the Pharmacy, Emergency Medicine Department (EMD), XXXX Clinic, XXXX Clinic. The results of the Controlled Substance Inventory Board (CSIB) audit are summarized enclosed NAVMED 6710/18 through 6710/26 (to exclude 6710/20, 23 and 25 as they do not apply).

2. A random sampling of six Schedule II narcotic outpatient prescriptions (DD 1289) was performed and documented on NAVMED 6710/26. There were no findings. This process will continue to be monitored.

3. A random sampling of records for Schedule III-V controlled substances was reviewed to include ordering, receiving, and dispensing documentation. This review is placed on NAVMED 6710/24. There were no findings for this part of the audit. For requesting and receiving of Schedule II-V controlled substances within each unit, the Omnicell units vice the NAVMED 6570/3 forms will be used. The Pharmacy Department receives requests for medication via a CHCS HL7 interface from the requesting unit, which will fill the Omnicell unit accordingly. This process will allow for an electronic tracking record of the medications. A random audit was performed on the electronic tracking of a medication from its origination in the Pharmacy main vault through the handwritten perpetual inventory log record of the main vault, and then to the Omnicell unit on ER. No discrepancies were found.

4. All records of Schedule II controlled substances were reviewed, to include ordering, receiving, and dispensing documentation and then documented on the NAVMED 6710/19. There were no findings this audit.

5. Quarterly destruction of controlled substance medications is documented on enclosure (2) and took place from through ________ to include initial counting of medication by LT XXXX, MSC, USN, follow-up counting by LT XXXX, MSC, USN and observation of removal of hazardous waste from our facility by LCDR Doe, NC, USN. The next Quarterly destruction is scheduled for the end of ________.

6. Per reference (d), records for this audit will be kept on file for two (2) years.

7. Accountable departmental and CSIB members for this inventory were:
   a. Pharmacy Department: LCDR XXXX X. XXXXXXX (Narcotics Officer)
   b. CSIB members:
      (1) LCDR XXXXX X. XXXXX, NC, USN (Senior Member)
      (2) LCDR XXXXX X. XXXXX, NC, USN
      (3) LT XXXXX X. XXXXXX, MSC, USN (destruction)
      (4) LT XXXX X. XXXXX, MSC, USN (destruction)

8. Point of contact, should you have any further questions is LCDR XXXXX X. XXXXXX, NC, USN. Senior Member CSIB, who can be reached at DSN 314-XXX-XXXX commercial XXX-XXX-XXX, or XXX.X.XXXX.mil@mail.mil.

X. X. XXXX

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COMMANDING OFFICER'S ACKNOWLEDGEMENT
I acknowledge receipt of this CSIB report on ___________.

Commanding Officer
U.S. Naval Hospital XXX
• Copies of verification forms (NAVMED 6710/18 **annually** and 6710/19 through 6710/23 **quarterly**)

• Statement that working papers are retained by senior member

• Entry of time period the inventory covered

• Listing of areas inventoried

• BHC reports reviewed by senior member

• Statement of findings w/recommendation(s)

• Account of any immediate action taken by pharmacy or clinic/ward

• Follow-up to previous conclusions of discrepancies & recommendations

• Periodic trend analysis for inventory discrepancies
Need website link of all forms!