**Controlled Substance Usage Log**

**NDSU**

*Complete one log sheet for each container of controlled substance. Controlled substance usage must be tracked on a per dose (use) basis. Record total quantity of the substance to the nearest metric unit weight or the total number of units finished form.*

Drug name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schedule#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (I-V) CS storage location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finished form:\_\_\_\_\_\_\_\_\_(eg. Tablet, powder, liquid) Strength:\_\_\_\_\_\_\_\_\_\_\_\_\_(eg. 10mg/mL) Container type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(glass, plastic)

Principle Investigator name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acquired under Reg #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PO#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSUA#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date added to PI inventory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Container ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Amount Received | Amount Used | Balance (unit) | Dispenser’s Printed Name | Reason for Use/Animal Protocol #/Species |
|  |  | - | - |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |
|  | - |  |  |  |  |

**CS disposed of** □ YES □ NO **Reason for disposal** □ Expired □ Contaminated □ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CS is completely used up** □ YES □ NO

**Empty bottle disposed of by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_