



DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

NAVMEDCOMINST 6710.9
MEDCOM-313
19 May 86

NAVMEDCOM INSTRUCTION 6710.9

From: Commander, Naval Medical Command
To: Ships and Stations Having Medical Department Personnel
Subj: GUIDELINES FOR CONTROLLED SUBSTANCES INVENTORY

Ref: (a) MANMED chapter 21
(b) BUMEDINST 6700.20P
(c) BUMEDINST 6710.58B
(d) FLTMATSUPPOINST 4400.11D (NOTAL)
(e) OPNAVINST 3120.32A
(f) OPNAVINST 5214.7

Encl: (1) Controlled Substances Inventory

1. Purpose. To provide a uniform audit program for the Controlled Substances Inventory Board (CSIB) at naval medical treatment facilities, and ensure standardized guidelines for inventory board members to follow.

2. Background. Reference (a) requires monthly inventories of controlled substances by the Controlled Substances Inventory Board; formerly referred to as the Controlled Medicinals Inventory Board. Enclosure (1), a standard for conducting controlled substance audits, will help the inventory board members to implement references (a) through (e).

3. Scope. This instruction applies to Navy and Marine Corps activities where controlled substances are dispensed, or otherwise used.

4. Action. Addressees shall establish a uniform controlled substances audit program in accordance with this instruction.

5. Reports. Geographic naval medical commands wishing to establish a report requirement must do so in accordance with the requirements of reference (f).

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6. Forms. Forms are available from the sources listed below:

a. Forms available in the cognizance LI stock points of the Navy Supply System are under the stock numbers indicated:

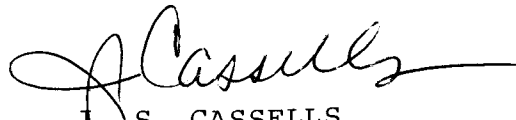
<u>Form No.</u>	<u>Rev/Edit Date</u>	<u>Title</u>	<u>Stock No</u>
NAVMED 6710/1	4/72	Narcotic and Control- led Drug Account Records	0105-LF-226-7101
NAVMED 6710/4	4/72	Narcotic and Control- led Drug Inventory-24 Hour	0105-LF-226-7160
NAVMED 6710/5	4/72	Narcotics, Alcohol, and Controlled Drugs, Perpetual	0105-LF-226-7180
DD 1149	3/59	Procurement Requisi- tion Invoice Shipping Document	0102-LF-011-1801
DD 1155	9/82	Procurement Form-Order Supplies or Service Request for Quotations	0102-LF-001-1552
DD 1289	11/71	Medical Equipment and Supplies Prescription Form	0102-LF-012-6201
DD 1348-1	3/74	Contracting-DOD Single Line Item Requisition	0102-LF-013-1040

b. Forms available from General Services Administrative supply depots sources are under National Stock Numbers indicated:

<u>Form No.</u>	<u>Rev/Edit Date</u>	<u>Title</u>	<u>National Stock No.</u>
SF 508	10/75	Doctor's Orders	7540-00-634-4121
SF 510	10/75	Nursing Notes	7540-00-634-4123

c. The following form is available from the source indicated:

<u>Form No.</u>	<u>Title</u>	<u>Source</u>
DEA 106	Report of Theft of Controlled Substances	Local Drug Enforcement Admin Offices


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CO, NAVPUBFORMCEN
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CONTROLLED SUBSTANCES INVENTORY

SECTION I

General Instructions

Local inventory boards shall use appropriate portions of this instruction to meet their specific circumstances. This instruction is not a substitute for conscientious endeavor on the part of the inventory board members.

1. Administrative Controls Questionnaire. When assigned to the head position, the CSIB senior member shall review and complete the Administrative Control Questionnaire in section II. Also, the board should review this questionnaire with the appropriate departments annually, or more frequently.

2. Monthly Reconciliation and Verification of Records. Conduct monthly unannounced inventories on all accountable controlled substances. Inventory boards must develop and retain appropriate working papers to document their efforts. Sections III through VII provide working paper formats to include in an audit file. Placing individual aspects of the audit program on separate pages will help task completion. Limit working papers to the essentials necessary to provide an adequate audit trail, but ensure that the following steps are taken in each inventory:

- a. Review all accounting records and transactions.
- b. Adjust inventory balances.
- c. Reconcile monthly Naval Medical Materiel Support Command reports with local receipt documents.
- d. Prepare survey documents properly.
- e. Ensure that all CSIB members are appointed in writing.
- f. Ensure that the CSIB senior member retains working papers for 3 years. Include a cover sheet (exhibit 1) and a copy of the letter report to the commanding officer with the working papers.

3. Reporting. A monthly inventory report will be forwarded to the commanding officer by the CSIB senior member. The reports from branch clinics will be generated by the designated board member and forwarded to the CSIB senior member, via the senior medical officer or officer in charge. The CSIB senior member will ensure that the following minimal information is provided to the commanding officer.

Enclosure (1)

a. Copies of the appropriate verification forms as described in reference (a).

b. Statement that the inventory program and working papers are retained by the senior member.

c. An entry of the time period the inventory covered.

d. A listing of the areas inventoried.

e. Branch clinic reports reviewed by CSIB senior member.

f. A statement of the findings.

g. A listing of any recommendations made.

h. An account of any action taken by management.

COVERSHEET FOR CSIB INVENTORY

Activity _____

Month of _____ 19 _____

Commanding Officer _____

Officer in Charge (if applicable) _____

Pharmacy Officer or Technician _____

Supply Officer _____

Members of CSIB:

_____ (Senior Member)

Date Inventory Commenced: _____

Date Inventory Completed: _____

Miscellaneous Information:

SECTION II

Administrative Controls Questionnaire

Ensure that these questions are answered appropriately and documented as directed in section I, paragraph 1.

1. Pharmacy-Core Facility

a. Control and Accountability by Pharmacy Personnel

(1) When not in use, are controlled medications stored in an appropriate safe or locked cabinet? (MANMED 21)

YES _____ NO _____

(2) Are Schedule II controlled substances storage spaces locked, except when access is required? (MANMED 21)

YES _____ NO _____

(3) Are Schedule II controlled substances and alcohol used by the pharmacy for the manufacture of stock preparations accounted for by prescription that is signed by the designated medical officer? (MANMED 21)

YES _____ NO _____

(4) Does the outpatient dispensing branch maintain a working quantity of controlled substances in a breakout locker? (MANMED 21)

YES _____ NO _____

(5) Is issue from the breakout locker made only on receipt of a properly prepared DD 1289? (MANMED 21)

YES _____ NO _____

(6) Is an inventory of the breakout locker items completed and documented with each change of shift?

YES _____ NO _____

(7) Are prescriptions of Schedule II items and Schedule III narcotics filed separately? (MANMED 21)

YES _____ NO _____

(8) Are prescriptions for alcohol filed separately with the serial number preceded by the letter "A"? (MANMED 21)

YES _____ NO _____

(9) Are separate Narcotics, Alcohol, and Controlled Drugs, Perpetual forms (NAVMED 6710/5), or mechanized listings, maintained for each Schedule II item, Schedule III narcotic, and alcohol?

YES _____ NO _____

b. Issue of Controlled Substances from the Pharmacy to Branch Clinics/Wards/Clinics

(1) Are issues of Schedule II items, Schedule III narcotics, and other command designated substances accomplished using a properly prepared DD 1289 or other approved form, signed by a pharmacy officer, senior pharmacy technician, senior medical officer, or officer in charge?

YES _____ NO _____

(2) Is a separate NAVMED 6710/1 prepared for each item ordered? (MANMED 21)

YES _____ NO _____

(3) Are completed Narcotic and Controlled Drug Account Records (NAVMED 6710/1) returned to the core facility pharmacy? (MANMED 21)

YES _____ NO _____

(4) Is adequate security provided when transferring controlled substances between the core facility and branch clinics?

YES _____ NO _____

(5) Are Schedule III, IV, and V substances ordered on a properly prepared DD 1348-1, DD 1289, or other authorized form?

YES _____ NO _____

c. Issue of Controlled Substances from Supply Service. Have all DD 1348-1 forms or other authorized forms submitted to the

supply department for Schedule III, IV, and V items, been signed by authorized individuals?

YES _____ NO _____

d. Issue of Controlled Substances to Outpatients

(1) Are prescriptions for controlled substances dispensed only on receipt of a properly prepared DD 1289? (MANMED 21)

YES _____ NO _____

(2) Are prescriptions for Schedule II substances or Schedule III narcotics being filled if erasures, strike overs, or interlineations are apparent in the absence of the initials of the prescriber? (MANMED 21)

YES _____ NO _____

(3) Are quantity limitations for controlled substances adhering to local directives or policies?

YES _____ NO _____

(4) Is there evidence of refills for Schedule II items? (MANMED 21)

YES _____ NO _____

(5) Are prescriptions for Schedule II thru V items honored if written by a prescriber for personal use or for a member of the immediate family? (MANMED 21)

YES _____ NO _____

e. Deteriorated Controlled Substances

(1) Are controlled substances that have become deteriorated or of questionable potency reported in writing to the commanding officer? (MANMED 21)

YES _____ NO _____

(2) If destruction is directed by the commanding officer, is it accomplished in the presence of a member of the CSIB? (MANMED 21)

YES _____ NO _____

(3) Is a report, signed by officers witnessing destruction, retained with the controlled substances inventory report as authority for deleting the items from inventory record? (MANMED 21)

YES _____ NO _____

2. Wards/Clinics/Branch Clinics Pharmacies, E.R., Lab, etc.

a. Control and Accountability

(1) Are controlled medications and medicinal alcohol, when not in use, stored in an appropriate safe or locked cabinet? (MANMED 21)

YES _____ NO _____

(2) Is custodial responsibility assigned to a commissioned officer? (MANMED 21)

YES _____ NO _____

b. Arrangement of Narcotic and Controlled Drug Book. The branch clinic/ward/clinic maintains a loose-leaf notebook, which should be audited for the following.

(1) Is NAVMED 6710/4, Narcotic and Controlled Drug Inventory-24 Hour, in the front of the book? (MANMED 21)

YES _____ NO _____

(2) Are separate serially numbered Narcotic and Controlled Drug Account Records (NAVMED 6710/1) received from the pharmacy for each issue of a Schedule II item, Schedule III narcotic, and other command designated substances? (MANMED 21)

YES _____ NO _____

c. Use of the Narcotic and Controlled Drug Inventory-24 Hour (NAVMED 6710/4)

(1) Has a medical officer, pharmacy officer, or designated individual from each watch signed the inventory after medications have been inventoried and before relieving the watch? (MANMED 21)

YES _____ NO _____

(2) Are the new Narcotic and Controlled Drug Account Record (NAVMED 6710/1) serial numbers entered that were received from the pharmacy during each watch? (MANMED 21)

YES _____ NO _____

(3) Are the serial numbers from completed Narcotic and Controlled Account Records (NAVMED 6710/1) returned to the core pharmacy, and has the pharmacy representative acknowledged receipt by placing his or her initials in the appropriate column? (MANMED 21)

YES _____ NO _____

(4) Is an inventory of the narcotic and controlled drug stock book completed by the nursing supervisor, as required by local directives? (MANMED 21)

YES _____ NO _____

(5) Is the Narcotic and Controlled Drug Inventory-24 Hour, NAVMED 6710/4 dated and signed upon completion of the inventory? (MANMED 21)

YES _____ NO _____

d. Use of Narcotic and Controlled Drug Account Record (NAVMED 6710/1)

(1) Is the heading of each Narcotic and Controlled Drug Account Record (NAVMED 6710/1) completed by the pharmacy at the time of issue? (MANMED 21)

YES _____ NO _____

(2) Is the body of the Narcotic and Controlled Drug Account Record (NAVMED 6710/1) used for recording expenditures and balances only? (MANMED 21)

YES _____ NO _____

(3) Are all entries made in black ink? (MANMED 21)

YES _____ NO _____

(4) Are errors corrected by drawing a single straight line through the erroneous entry and initialed by the person making the correction? (MANMED 21)

YES _____ NO _____

(5) Each time a drug is expended, is the complete information recorded on the Narcotic and Controlled Drug Account Record (NAVMED 6710/1) and are the amounts recorded in Arabic numeral, i.e., 0.5 ml? (MANMED 21)

YES _____ NO _____

(6) If a fraction of the amount expended is administered to a patient, is this quantity placed in parentheses before the amount recorded in the expended column? (MANMED 21)

YES _____ NO _____

(7) If a single dose of a controlled substance is accidentally damaged or contaminated during preparation for administration, or is refused by the patient after being prepared, is it entered on the Narcotic and Controlled Drug Account Record (NAVMED 6710/1)?

YES _____ NO _____

(8) Are the Narcotic and Controlled Drug Inventory-24 Hour forms (NAVMED 6710/4), that are over 3 months old, removed from the clinic book and transferred to hospital archives? (MANMED 21)

YES _____ NO _____

3. Supply

a. Has the procurement officer been designated by the command to purchase controlled substances?

YES _____ NO _____

b. Is the Drug Enforcement Agency (DEA) annual registration certificate available and current?

YES _____ NO _____

c. Are Schedule II and Schedule III items stored in a safe or vault?

YES _____ NO _____

d. Are safe or vault combinations changed at least semi-annually, when there has been a change in custodians, or a breach in security?

YES _____ NO _____

e. Are Schedule III (less narcotics), IV, and V items stored in a limited access area or cabinet and inventoried at least biannually?

YES _____ NO _____

f. Is a physical inventory of controlled substances conducted upon change of custodial responsibility? (FLTMATSUPPOINST 4400.11D)

YES _____ NO _____

g. Are discrepancies in receipts processed in accordance with FLTMATSUPPOINST 4400.11D?

YES _____ NO _____

SECTION III

Pharmacy; Reconciliation of Records and Controlled Substances

Duplicate and use the following check-off list when conducting the monthly inventory. The person responsible for each step should initial the blank under "Performed By" when the task is completed. Duplicate the appropriate exhibits to use as working papers.

<u>Inventory Tasking</u>	<u>Performed By</u>
1. Each substance must have a separate NAVMED 6710/5, 6710/1, or similar record keeping form. Issues and receipts should be totaled for the period since the last inventory and entered on each form. The balance from the last inventory, minus issues, plus receipts, is recorded as the balance onhand. The member performing this inventory step should initial each form. Each separate item should then be summarized on exhibit 2. (MANMED 21)	_____
2. Conduct a physical count of all Schedule II, Schedule III narcotics, alcohol, and other designated controlled substances on a separate working paper, exhibit 2. This step must be performed by a different member from the one performing step 1. (MANMED 21).	_____
3. Steps 1 and 2 must reconcile. Discrepancies must be investigated and reported. Appropriate adjustments may be made to pharmacy records. Signatures on exhibit 2 must reflect work performed by those individuals in step 1 and 2. (MANMED 21)	_____
4. Examine receipt documents for Schedule II items, Schedule III narcotics, alcohol, and other designated controlled substances received by the pharmacy. These documents may include DD 1348, DD 1149, NAVMED 6710/1 returned from users, or any other document which is used as a receipt for supplies. Only authorized signatures must appear on these documents. A random sample of receipt documents should be conducted using exhibit 3. (MANMED 21)	_____

Inventory Tasking

Performed By

5. Dispensing of controlled substances from the pharmacy bulk stores. (MANMED 21) Use exhibit 4.

a. Requisitions from bulk stores may be on DD 1289, any local requisition forms, or an automatic replenishment system. There must be a complete inventory trail.

b. Requesting signatures must be authorized; quantities dispensed must conform to local instructions; and all issues must have authorized "received by" signatures different from the requestor's signature.

c. Trace issues to their proper entry on NAVMED 6710/5 or other recording document. Use exhibit 4.

6. Reconciliation of working stock. A minimum amount of working stock may be dispersed among other pharmacy stock provided the pharmacy itself is secure. Otherwise all stock in this category shall be kept in a locked cabinet or an appropriate safe or vault. (MANMED 21)

a. Issues to this stock area from the bulk stores will be made on receipt of a properly prepared DD 1289 or similar form.

b. An inventory of these items must be conducted at each change of shift or other frequent schedule, and noted on NAVMED 6710/4 or similar form.

c. Test check DD 1289 forms for completeness as in paragraph 5 above. Complete exhibit 5 for those found incomplete.

d. Select several items randomly, physically count and reconcile with NAVMED 6710/1, and with last inventory conducted on the NAVMED 6710/4. Exhibit 2 should be used. Branch clinics not authorized bulk storage should conduct a complete inventory of working stock; steps 1-3 provide guidance.

Inventory Tasking

Performed By

7. Outpatient record verification should be made on a randomly selected number of DD 1289 transactions. Use exhibit 6.

8. Ensure discrepancies noted on previous month's inventory have been corrected.

9. Is the pharmacy verifying all NAVMED 6710/1 forms outstanding 30 days from date of issue? (MANMED 21)

10. Evaluate procedures for and record keeping of controlled drugs turned in by patients or other personnel to the pharmacy.

11. Determine if physical inventories of controlled substances are taken at least weekly. Test period prior month. (MANMED 21)

12. Irreconcilable differences must be reported to appropriate authority (security, NIS, etc.). Ensure that the Report of Theft of Controlled Substances (DEA 106) is completed on the theft or significant loss of any controlled substances. Loss of alcohol will be reported to the commanding officer by the inventory board. (MANMED 21)

13. Ensure deteriorated controlled substances are properly accounted for and destruction is accomplished in the presence of a member of the CSIB and reported to the commanding officer. (MANMED 21)

PHARMACY CSIB WORKING PAPER

Audit of NAVMED 6710/5

Name of Drug	Unit of Issue	Balance Last Audit	Quantity Received	Quantity Dispensed	Balance	Physical Count	Adjustments
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Member Reviewing the
NAVMED 6710/5

Member Conducting Physical
Count

Senior Board Member

Date: _____

Date: _____

PHARMACY CSIB WORKING PAPER

Issue from Bulk Stores

A random sample of dispensing documents should be reviewed. Record the type of document and the serial number of each document. Trace the transaction to the DD 1289 or other record.

The following issue documents were randomly selected to verify that:

1. Item requested was by an authorized individual.
2. Item was received by other than the requestor.
3. Item was issued in quantity authorized.
4. Ward, clinic, or dispensing unit was clearly identified.
5. Item entered onto DD 1289 or other form.

ISSUE DOCUMENT

Type	Date	Serial Number	Quantity Requested	Quantity Recorded DD 1289
------	------	------------------	-----------------------	---------------------------------

Member Conducting
Inventory

Date: _____

Senior Board Member

Date: _____

PHARMACY CSIB WORKING PAPER

Outpatient Issues

The board member shall ensure that a random sample of dispensing order documents are sampled. The serial number shall be recorded below and discrepancies annotated. The following items will be verified:

1. Written in ink or typewritten.
2. Contain the following:
 - a. Full name of patient.
 - b. Date prescription written.
 - c. Patient's age (if 12 yrs. or younger).
 - d. Dosage.
 - e. Quantity to be dispensed - no refills.
 - f. Complete directions for patient to follow.
 - g. Signature of prescriber - verify signature card.
 - h. Prescriber's name stamped, typed, or printed.
 - i. Prescriber's Social Security number.
 - j. Dispenser will note the following:
 - (1) Date medication dispensed.
 - (2) Serialize the prescription.
 - (3) Sign the prescription.
 - k. On the reverse side of the DD 1289 the following will be annotated:
 - (1) Date received.
 - (2) Address of person receiving the medication.
 - (3) Receiver's signature.

Serial #	Discrepancies
_____	_____
_____	_____
_____	_____

Total number of documents reviewed: _____

Member Conducting
Inventory

Senior Board Member

Date: _____

Date: _____

PHARMACY CSIB WORKING PAPER

Medical Charts/Prescriptions

NAME	SSN	DATE	DRUG	DOSE	QTY	PRESCRIBER

The above prescriptions were verified against the patient's medical chart.
Discrepancies: _____

Member Conducting
Inventory

Senior Board Member

Date: _____

Date: _____

SECTION IV

Supply Service; Reconciliation of Records and Controlled Substances

Duplicate and use the following check-off list when conducting the monthly inventory. The person responsible for each step should initial the blank under "Performed By" when the task is completed. Duplicate the appropriate exhibits to use as working papers.

<u>Inventory Tasking</u>	<u>Performed By</u>
<p>1. Conduct a physical count of all Schedule II, Schedule III narcotics, alcohol, and other accountable controlled substances using exhibit 7. This step and step 2 should be completed by different members of the inventory team. (MANMED 21)</p>	_____
<p>2. Verify perpetual inventory records for Schedule II, Schedule III (narcotics, alcohol), and other drugs designated as controlled substances. Use exhibit 8. (MANMED 21)</p>	_____
<p style="padding-left: 40px;">a. For each stocked item, record ending inventory balance from the previous month's record in the "open" column.</p>	_____
<p style="padding-left: 40px;">b. Record all receipt documents in the "in" column for each item. These documents include, but are not limited to, DD 1149, 1348-1, and 1155. Ascertain that these documents were properly receipted by the supply personnel.</p>	_____
<p style="padding-left: 40px;">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 which have authority to draw controlled substances. Determine that the person receiving the substance is different from that of the requester.</p>	_____
<p>3. Reconcile the final balances of working exhibit 7. Any discrepancy must be reconciled and reported.</p>	_____

Inventory Tasking

Performed By

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 exhibit 3, item number 4.

5. Verify each item on any Naval Medical Material Support Command listings received during the month. The item, unit of issue, and cost should agree with the information on the DD 1348-1 documents. Discrepancies should be reported, as directed in the NAVMEDMATSUPPCOM correspondence. (BUMEDINST 6710.58B)

6. Verify that any discrepancy in shipping is being processed and reported in accordance with FLTMATSUPPOINST 4400.11D.

7. Conduct inventory of DEA order forms. Account for all DEA forms used since last inventory, including orders-in-transit during last inventory.

SUPPLY CSIB WORKING PAPER

Physical Count Balance Sheet

Stock Number	Description	U/I	Physical Count	Close Bal. Exhibit 8	Variance

Member Conducting
Inventory

Date: _____

Senior Board Member

Date: _____

SUPPLY CSIB WORKING PAPER

Verification of Perpetual Inventory Records

Stock Number	Description	U/I	Open	In	Out	Close

Member Conducting
Inventory

Date: _____

Senior Board Member

Date: _____

SECTION V

Laboratory Service; Reconciliation of Records and Alcohol

Duplicate and use the following check-off list when conducting the monthly inventory. The person responsible for each step should initial the blank under "Performed By" when the task is completed. Duplicate the appropriate exhibits to use as working schedules.

Inventory Tasking

Performed By

1. Records of alcohol should indicate a perpetual inventory and each receipt or issue must be documented. NAVMED 6710/5 or similar form may be used. At an unannounced inventory, the issues and receipts indicated on the form shall be totaled for the period since the last inventory, and summarized on the form. Indicate these totals on exhibit 9. The balance of the last inventory, minus issues, plus receipts is recorded as the balance onhand.

2. Conduct a physical count of all alcohol stores in the service. Record these totals on exhibit 9 in the physical count column. Physical count and balance as indicated by record keeping must agree. Document and investigate any variance.

3. Examine order and receipt documents to verify that the alcohol requested from the pharmacy or supply service was requested by an authorized individual, and that it was received by a person other than the requestor. Trace these receipt transactions back to the NAVMED 6710/5 or other record. Complete working paper. (See exhibit 9).

LABORATORY CSIB WORKING PAPER

Audit of NAVMED 6710/5

Name of Drug	Unit of Issue	Balance Last Audit	Quantity Received	Quantity Dispensed	Balance	Physical Count	Variance

Member Conducting
Inventory

Date: _____

Senior Board Member

Date: _____

LABORATORY CSIB WORKING PAPER

Authorization

The following receipt documents were randomly selected to verify that:

1. Item requested was by an authorized individual.
2. Item was received by other than the requestor.
3. Item was entered onto NAVMED 6710/5.
4. Item was traced back to Supply Department records (if applicable).

Receipt Document		Serial #	Qty	Questions							
				#1		#2		#3		#4	
Type	Date			Yes	No	Yes	No	Yes	No	Yes	No

Verify authority to be issued alcohol

<u>Name of Individual Authorized</u>	<u>Position</u>	<u>Dispensing document used (if any)</u>
<u>Member Conducting Inventory</u>		<u>Senior Board Member</u>
Date: _____		Date: _____

SECTION VI

Hospital Wards or Special Clinics (ER, ENT, etc.);
Reconciliation of Records and Controlled Substances

Duplicate and use the following check-off list when conducting the monthly inventory. The person responsible for each step should initial the blank under "Performed By" when the task is completed. Duplicate the appropriate exhibits to use as working schedules.

<u>Inventory Tasking</u>	<u>Performed By</u>
1. On an unannounced basis, randomly check nursing care units or clinics which dispense controlled substances. Include stock stored in locked cardiac arrest carts. Reconcile the amount noted on NAVMED 6710/1 with physical count of the locker. Auditor shall indicate that the inventory was conducted by signing each NAVMED 6710/1. (MANMED 21) Exhibit 2 may be used.	_____
2. Verify a patient transaction by comparing the entry on NAVMED 6710/1 with the medical administration record, the doctor's order on SF 508, and the nursing notes on SF 510. This procedure should be performed for at least one injectable medication and one oral medication. (MANMED 21)	_____
3. Periodically, perform a check for purity and quantity of pharmacy compounded solutions. Ensure a proper chain of custody as follows:	_____
a. Issue a DD 1289 or other document from the inventory board to the nursing unit or clinic for the controlled substance.	
b. Complete exhibit 11. Include this exhibit in the following inventory period if the results are not immediately available.	_____

HOSPITAL WARDS OR SPECIAL CLINICS CSIB WORKING PAPER

Reconciliation

1. Receipt of Substance

I certify that I have received _____ (amount) of _____ (type), a controlled substance, from the Controlled Substances Inventory Board for purity and quantity analysis. The substance will be destroyed in the analysis.

Laboratory Official Date

2. Report of Analysis

The controlled substance above was analyzed and found to be (percent by weight of) _____ substance.

Laboratory Official Date

3. Receipt of Working Paper

The controlled Substance above was analyzed by a _____ method and found to contain _____ percent by weight of the total substance.

Senior Board Member Date

SECTION VII

Branch Clinic Reports; Verification

The branch clinic members should use all sections and paragraphs of this inventory guide where appropriate in their inventory process. Duplicate and use the following check-off list when conducting the monthly inventory. The person responsible for each step should initial the blank under "Performed By" when the task is completed. Duplicate the appropriate exhibits to use as working schedules.

Inventory Tasking

Performed By

1. The senior medical officer or officer in charge of each branch clinic will recommend to the commanding officer at least one member of the clinic staff for appointment to the CSIB. The member of the board shall be a Medical, Dental, Medical Service, or Nurse Corps officer, unless one of these is not available. This appointment shall be in writing. (MANMED 21)

2. The board member should complete section III of the inventory guide for branch clinic pharmacies that are authorized bulk storage or replenishment from the supply service.

3. The board member should complete section III as a minimum inventory; and any other sections determined applicable by the board member for those branch clinic pharmacies not authorized bulk storage.

4. Sections V on laboratories, and VI on specialty clinics, may be applicable to the inventory performed by the branch clinic member. Controlled substances may be used by various clinics, such as emergency rooms, ENT, etc.; and these areas require inventories.

5. The CSIB senior member should, upon receipt of branch clinic reports, trace a sample of items issued from both the pharmacy service and the supply service to the branch clinic or outlying dispensing unit (MANMED 21). The report from the branch clinic to the CSIB senior member should be used in the reconciliation. Any discrepancy should be investigated and reported. Complete exhibit 12.
