



Controlled Substance Security Checklist (Daily)

Opening Procedures

Tasks to be completed at the start of each business day.

Opening Time

Vault/Secure Area Condition Upon Opening

- ☐ Intact - No Signs of Tampering
- ☐ Minor Discrepancy - Documented
- ☐ Significant Discrepancy - Report Immediately

Temperature of Secure Storage (If Applicable)

Enter a number...

Notes on Opening Procedures/Observations

Write something...

Key/Access Card Verification – First Person

- ☐ Successful Access
- ☐ Access Denied - Investigate

Alarm System Status

- ☐ Disarmed/Deactivated
- ☐ Armed

Vault/Secure Storage Verification

Checks to confirm the integrity and condition of the secure storage area.

Vault Door Condition

- ☐ Intact & Secure
- ☐ Tampered/Damaged
- ☐ Requires Maintenance

Lock Mechanism Functionality

- ☐ Functional
- ☐ Malfunctioning
- ☐ Requires Repair

Alarm System Status (if applicable)

- ☐ Active & Functioning
- ☐ Inactive/Deactivated
- ☐ Alarm Triggered - Investigate

Temperature Inside Vault (if applicable)

Enter a number...

Any Unusual Observations

Write something...

Key Security - Visible Signs of Compromise?

☐

No

☐

Yes - Investigate & Report

Inventory Reconciliation

Daily count and verification of controlled substances.

Count and record quantity of each controlled substance – Tablet/Capsule Form.

Enter a number...

Count and record quantity of each controlled substance – Liquid Form.

Enter a number...

Total number of controlled substance units counted.

Enter a number...

Discrepancy (if any) from previous day's count (Units).

Enter a number...

Explanation for any discrepancies found (if applicable).

Write something...

Inventory reconciliation completed by:

☐ Employee A

☐ Employee B

☐ Employee C

Date of inventory reconciliation.

Enter date...

Time of inventory reconciliation.

Count of any expired or damaged controlled substances.

Enter a number...

Access Control

Verification of authorized access to controlled substances.

Was the access log reviewed for discrepancies?

- ☐ Yes
- ☐ No
- ☐ N/A - No access log maintained

Who accessed the secure storage area today?

- ☐ Pharmacist
- ☐ Pharmacy Technician
- ☐ Registered Nurse
- ☐ Other (Specify in Long Text)

If 'Other' was selected above, please specify the individual(s) and their role.

Write something...

Were keys/access cards accounted for?

- ☐ Yes
- ☐ No

If keys/access cards were not accounted for, explain the situation.

Write something...

Was dual control used for all access/dispensing?

- ☐ Yes
- ☐ No
- ☐ N/A - Not Required

Transaction Review

Examination of daily sales and dispensing records.

Total Number of Controlled Substance Transactions

Enter a number...

Total Quantity of Controlled Substances Dispensed (Units)

Enter a number...

Were all prescriptions verified according to protocol?

- ☐ Yes
- ☐ No
- ☐ N/A

Were all electronic prescriptions reviewed for red flags?

- ☐ Yes
- ☐ No
- ☐ N/A

Any unusual prescription patterns or discrepancies noted?

Write something...

Were all returned medications properly documented and processed?

☐ Yes

☐ No

☐ N/A

Describe any voided prescriptions or returns. Include reason (if known).

Write something...

Waste Disposal

Proper disposal procedures for expired or unused controlled substances.

Quantity of Controlled Substance Waste (Total)

Enter a number...

Waste Disposal Method Used

☐ Destruction via Incineration

☐ Return to Distributor

☐ Other (Specify in LONG_TEXT)

If 'Other' disposal method was used, please explain.


Write something...

Date of Waste Disposal

Enter date...

Time of Waste Disposal

Upload Waste Manifest/Documentation

 Upload File

Employee ID of Person Performing Waste Disposal

Write something...

Closing Procedures

Actions to be taken at the end of each business day.

Closing Time Verified & Recorded

Final Count of Schedule I Substances

Enter a number...

Final Count of Schedule II Substances

Enter a number...

Final Count of Schedule III-V Substances

Enter a number...

Discrepancy Notes (if any)

Write something...

Alarm System Activated?

☐ Yes

☐ No

Vault/Secure Storage Area Locked & Secured?

☐ Yes

☐ No

Closing Employee Signature

Incident Reporting

Documentation of any security concerns or unusual events.

Describe any security concerns, unusual activity, or potential breaches observed today.

Write something...

Was any unauthorized access suspected or confirmed?

- ☐ Yes
- ☐ No
- ☐ Unknown

Estimated value of potential loss (if applicable).

Enter a number...

Date of incident (if not today).

Enter date...


Approximate time of incident.

Specific location of the incident within the store.

 [Set My Current Location](#)



Attach any relevant photos or video evidence (if available).

 [Upload File](#)

Actions taken to address the incident.

Write something...