



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 6710.70  
BUMED-32  
30 May 2000

BUMED INSTRUCTION 6710.70

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Medical Department  
Personnel

Subj: GUIDELINES FOR CONTROLLED SUBSTANCES INVENTORY

Ref: (a) MANMED chapter 21  
(b) OPNAVINST 6710.3  
(c) FLTMATSUPPOINST 4400.11D (NOTAL)  
(d) OPNAVINST 3120.32C  
(e) SECNAVINST 5214.2B

Encl: (1) Record of Changes  
(2) Controlled Substances Inventory

1. Purpose. To provide a uniform audit program for the Controlled Substances Inventory Board (CSIB) at Naval military treatment facilities (MTFs), Naval dental treatment facilities (DTFs), and ensure standardized guidelines for inventory board members to follow. Enclosure (1) is used to record interim changes to the basic instruction.

2. Background. Reference (a) requires, quarterly or more frequently, inventories of controlled substances by the Controlled Substances Inventory Board. Enclosure (2) is provided as a standard for conducting controlled substance audits and will help the inventory board members implement references (a) through (d).

3. Scope. This instruction applies to Navy and Marine Corps activities where controlled substances are dispensed or otherwise used.1

4. Action. Addressees will establish a uniform controlled substances audit program per this instruction. Addressees are encouraged to flowchart the processes for ordering, dispensing, prescribing, and destroying controlled substances.

5. Reports. Health Care Support Organizations and other medical commands wishing to establish a report requirement must do so per the requirements of reference (e).

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

a. Forms available in the cognizance II 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	1/93	Narcotic and Controlled Drug Account Record	0105-LF-226-7101
NAVMED 6710/4	4/72	Perpetual Inventory of Narcotics,- Alcohol, and Controlled Drugs	0105-LF-226-7160
NAVMED 6710/5	4/72	Narcotic, Alcohol, and Controlled Drugs, Perpetual	0105-LF-226-7180
DD 1149	1/97	Requisition and Invoice Shipping Document	0102-LF-011-1801
DD 1155	1/98	Order for Supplies or Service	0102-LF-001-1552
DD 1289	11/71	DOD Prescription	0102-LF-012-6201
DD 1348-1	3/74	DOD Single Line Item Requisition System	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

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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 Enforce- -ment Admin. Offices

  
R. A. NELSON



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CONTROLLED SUBSTANCES INVENTORY  
GUIDE AND WORKING DOCUMENTS

SECTION I

General Instructions

Local inventory boards shall use appropriate portions of this booklet to meet their specific circumstances. This instruction is not a substitute for diligence on the part of the inventory board members in performing their duties.

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. Quarterly or More Frequent Reconciliation and Verification of Records. Conduct quarterly or more frequently unannounced inventories on all accountable controlled substances. Exception: There may be situations where one Controlled Substances Inventory Board has the responsibility of having to inventory numerous smaller clinics. This may make complying with the frequency of inspection a burden. Adjustments to the frequency of inventory may be made, with the commanding officer's concurrence, to an interval of no more than 6 months. Inventory boards must develop and retain appropriate working papers to document their efforts. Sections III through VI 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 Naval Medical Logistics Command "Controlled Substance Surveillance Report" and/or prime vendor "Monthly Record of Controlled Substances" with local receipt documents.

d. Review DEA Form 222 stock for accountability, ordering, and receipt documentation.

- e. Prepare survey documents properly.
  - f. Ensure that all CSIB members are appointed in writing.
  - g. Ensure that the CSIB senior member retains working papers for 2 years. Include a cover sheet (exhibit 1) and a copy of the letter report to the commanding officer with the working papers.
3. Reporting. The CSIB senior member will forward a quarterly or more frequent inventory report to the commanding officer. (\*Exception: see section I, para 1.) The reports from branch medical 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:
- a. Copies of the appropriate verification forms as described in reference (a).
  - b. Statement that the inventory programs 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 medical 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.

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COVERSHEET FOR CSIB INVENTORY

Activity \_\_\_\_\_

Month of \_\_\_\_\_ 20 \_\_\_\_\_

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 bulk (stock) controlled medications (III-V) stored in an appropriate safe or locked cabinet (working stock may be distributed/shelved with other non-scheduled drugs)? (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 used by the pharmacy for the manufacture of stock preparations accounted for by a prescription signed by the designated person by the standard operating procedures? (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 an inventory of the breakout locker items completed and documented with each change of shift?

YES \_\_\_\_\_ NO \_\_\_\_\_

(6) Are prescriptions of Schedule II items filed separately from Schedules III-V? (MANMED 21)

YES \_\_\_\_\_ NO \_\_\_\_\_

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(7) Are separate Narcotics Perpetual forms (NAVMED 6710/5), or computer generated/typed listings, maintained for each Schedule II item?

YES \_\_\_\_\_ NO \_\_\_\_\_

(8) Is there a log for order, receipt, and control of DEA order forms?

YES \_\_\_\_\_ NO \_\_\_\_\_

b. Issue of Controlled Substances from the Pharmacy to Branch Medical Clinics, Wards or Clinics

(1) Are discrepancy reports sent to cognizant department head/director for institutions that have automated narcotic dispensing machines?

YES \_\_\_\_\_ NO \_\_\_\_\_

(2) Are discrepancy reports reconciled and returned to the pharmacy within a reasonable amount of time?

YES \_\_\_\_\_ NO \_\_\_\_\_

(3) Are the requests for Schedule II items, 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 \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

(7) 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, polyscript (with no other drug entry), civilian prescription, SF 600, or CHCS generated prescription? (MANMED 21)

YES \_\_\_\_\_ NO \_\_\_\_\_

(2) Are prescriptions for Schedule II narcotics being filled if erasures, strikeovers, interlineations or words crossed out 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 through 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 all controlled substances (II-V) 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); or if a controlled substance is returned to the wholesaler for credit, is a copy of the report signed by the receiving representative and retained in the pharmacy?

YES \_\_\_\_\_ NO \_\_\_\_\_

(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? (MANMED 21)

YES \_\_\_\_\_ NO \_\_\_\_\_

f. \*Controlled Substances Returned to the Pharmacy by Patients  
- ONLY in a case of a drug recall, medication error, or if the patient is admitted to the hospital and there is no family member to take the medication home.

(1) Are returned controlled substances counted by at least two persons (one of which should be the person returning the controlled substance)?

YES \_\_\_\_\_ NO \_\_\_\_\_

(2) Are patient returned controlled substances maintained within the narcotic vault but separated from regular stock to prevent their use?

Yes \_\_\_\_\_ NO \_\_\_\_\_

(3) Are controlled substances returned by patients destroyed following the guidelines established above?

YES \_\_\_\_\_ YES \_\_\_\_\_

2. Wards/Clinics/Branch Medical Clinic's Pharmacies, E.R., etc.

a. Control and Accountability

(1) Are bulk (stock) 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 medical 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 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 \_\_\_\_\_

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(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 appropriate 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 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 numerals, 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) Is the signature of the person witnessing destruction of partial or refused doses of controlled substances entered on the Narcotic and Controlled Drug Account Record (NAVMED 6710/1)?

YES \_\_\_\_\_ NO \_\_\_\_\_

(9) 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/Pharmacy Supply

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

YES \_\_\_\_\_ NO \_\_\_\_\_

b. Is a current Drug Enforcement Agency (DEA) registration certificate available?

YES \_\_\_\_\_ NO \_\_\_\_\_

c. Has the DEA 222 "blue, copy 3" form been retained for 2 years?

YES \_\_\_\_\_ NO \_\_\_\_\_

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d. Are Schedule II and command designated items stored in a safe or vault?

YES \_\_\_\_\_ NO \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

f. Are Schedules III, IV, and V bulk (stock) items stored in a controlled environment or locked cabinet and inventoried at least biannually?

YES \_\_\_\_\_ NO \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

h. Are discrepancies in receipts processed per 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 quarterly or more frequent 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.

Inventory Tasking

Performed By

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 on-hand. The member performing this  
inventory step should initial each form. Each  
separate item should then be summarized on  
exhibit 2. (MANMED 21)

a. Examine receipt documents for Schedule II \_\_\_\_\_  
controlled substances received by the pharmacy.  
These documents may include NAVMED 6710/1  
(returned stock), invoices, DEA form 222, or any  
other receipt documents. Only authorized signatures  
must appear on these documents. Total the quantities  
received since the last CSIB inventory. Summarize  
the quantities received on exhibit 2..

b. Total, by CHCS report, CII quantities \_\_\_\_\_  
added to the vault since the last CSIB  
inventory. Quantities added into the vault  
by computer should match quantities received  
by the pharmacy. Discrepancies must be investigated  
and reported.

c. Total CII quantities issued from the \_\_\_\_\_  
vault since the last CSIB inventory; record  
the totals on exhibit 2.

2. Conduct a physical count of all \_\_\_\_\_  
Schedule II other designated controlled  
substances on a separate working paper,  
exhibit 2. A different member must perform  
this step than the member who performs  
step 1. (MANMED 21)

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Inventory Tasking

Performed By

3. Steps 1 and 2 must reconcile. \_\_\_\_\_  
Discrepancies must be investigated and reported. Appropriate adjustments may be made to pharmacy records only with a written explanation which will be kept as part of the inventory for a period of 2 years. Signatures on exhibit 2 must reflect work performed by those individuals in steps 1 and 2. (MANMED 21)

4. Ensure accountability of ordering and receipts for DEA 222 order forms. \_\_\_\_\_

5. Examine receipt documents for non-accountable controlled substances 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. A random sample of receipt documents should be conducted using exhibit 3. (MANMED 21) \_\_\_\_\_

6. 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 signatures different from the requester's signature. Authorized individuals are those approved by the department head to request or receive controlled substances. \_\_\_\_\_

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

Inventory Tasking

Performed By

7. Reconciliation of working stock. A minimum amount of working stock, C-III, IV, and V, 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. An automatic replenishing system requires the use of a DD 1289 or similar form to account for the issue and receipt of C-II items.

\_\_\_\_\_

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. Applicable columns in exhibit 2 may be used. Auditor shall indicate that the inventory was conducted by signing each NAVMED 6710/1.

\_\_\_\_\_

Branch medical clinic not authorized bulk storage should conduct a complete inventory of working stock; steps 1-3 provide guidance.

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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Inventory Tasking

Performed By

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

\_\_\_\_\_

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

\_\_\_\_\_

13. Irreconcilable differences must be reported to appropriate authority (Security, NCIS, etc.). Ensure that the Report of Theft Of Controlled Substances (DEA 106) is completed on the theft or significant loss of any controlled substances. (MANMED 21)

\_\_\_\_\_

14. 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

Requisition Receipt

The following vault receipt documents were randomly selected to verify that:

1. An authorized individual requested item.
2. Item was received by other than the requester.
3. Item was entered onto NAVMED 6710/5 or similar form.
4. Item was traced back to supply department records or original order documents records such as: prime vendor documents or DEA form 222s (see section 4, number 4).

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

\_\_\_\_\_  
Member Conducting Inventory

\_\_\_\_\_  
Senior Board Member

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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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. An authorized individual received item.
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

\_\_\_\_\_  
Senior Board Member

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Outpatient Issues for Schedule II Medication

The board member shall ensure that random samples 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 is written.
  - c. Patient's age (if 12 years or younger).
  - d. Dosage.
  - e. Quantity to be dispensed - no refills if Schedule II.
  - f. Complete directions for patient to follow.
  - g. Signed by the prescriber (Exception: electronic ordering)
  - h. Prescriber's name stamped, typed, or printed.
  - i. Prescriber's social security number or DEA 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

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Total number of documents reviewed: \_\_\_\_\_

\_\_\_\_\_  
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>
1. Conduct a physical count of all Schedule II 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)	_____
2. Verify perpetual inventory records for Schedule II narcotics, and other drugs designated as controlled substances. Use exhibit 8. (MANMED 21)	_____
a. For each stocked item, record ending inventory balance from the previous month's record in the "open" column.	_____
b. Record all receipt documents in the "in" column for each item. These documents include, but are not limited to, DD 1149, DEA form 222, 1348-1, and 1155. Ascertain that these documents were properly receipted by the supply personnel.	_____
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 the requester.	_____
3. Reconcile the final balances of working exhibit 7 or comparable form. Any discrepancy must be reconciled and reported.	_____
4. Trace issues from the supply department to	_____

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Inventory Tasking

Performed By

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 Logistics Command "Controlled Substance Surveillance Report" and/or prime vendor "Monthly Record of Controlled Substances" received during the month. The item, unit of issue, and cost should agree with the information on the DD 1348-1 (DSCP order) or the Prime Vendor Invoice (PV Order). Discrepancies should be reported to the Naval Medical Logistics Code 06 in writing. \_\_\_\_\_
6. Verify that any discrepancy in shipping is being processed and reported per 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. \_\_\_\_\_





SECTION V

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.

Inventory Tasking

Performed By

1. On an unannounced basis, randomly check nursing care units, OR suites, or clinics that dispense controlled substances. Include stock stored in 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). Applicable columns in exhibit 2 may be used. \_\_\_\_\_
2. Verify a patient transaction by comparing the entry on NAVMED 6710/1 with the medication administration record, the doctor's order on SF 508, and the nursing notes on SF 510 or patient operating room record. This procedure should be performed for at least one injectable medication and one oral medication. (MANMED 21). Exhibit 9 may be used. \_\_\_\_\_
3. Examine 6710/4 and 6710/1 forms for legibility and complete entries. Supervisor will remove all NAVMED 6710/4 forms over 3 months old from the Narcotic and Controlled Substances book and transfer them to the MTF archives for disposition per SECNAVINST 5212.5. \_\_\_\_\_
4. For sites using automation such as Pyxis or Suremed, a random sample of transactions should be verified with the patient's medication administration record. (MANMED 21). Exhibit 9 may be used. \_\_\_\_\_
5. Where the SF 517 - Anesthesia Report is used to record wastage of controlled substances in lieu of automated dispensing machines or

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Inventory Tasking

Performed By

NAVMED 6710/1, a random check of an appropriate number of SF 517s will be verified to show compliance with the following:

a. The upper right corner of the SF 517 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 CSIB and reported). \_\_\_\_\_

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6. Patient Administration Verification

Randomly select patients who have received controlled substances from NAVMED 6710/1s or dispensing reports generated by SureMed or Pyxis dispensing machines. Compare quantity dispensed with quantity logged in MAR (Medication Administration Record).

Patient Name	Ward	Nurse	Date	Medication	Qty Disp	Qty Logged	Qty Wasted

NOTE: Dispensing report will be supplied by pharmacy.

\_\_\_\_\_  
Member Conducting Inventory

Date: \_\_\_\_\_

\_\_\_\_\_  
Senior Board Member

Date: \_\_\_\_\_

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SECTION VI

Branch Clinic Reports; Verification

The branch clinics will be inventoried by completing section III as a minimum inventory and any other sections determined applicable by the senior board member. Section II, Administrative Controls, questions should be answered when applicable.

