

**STATE OF CONNECTICUT - DEPARTMENT OF CONSUMER PROTECTION
DRUG CONTROL DIVISION
165 CAPITOL AVENUE, HARTFORD, CT 06106
TELEPHONE: (860) 713-6065**

CONTROLLED SUBSTANCES LABORATORY INSPECTION REPORT

Date: _____
Laboratory Name: _____ Tel#:() _____
Address: _____
 No. Street City State Zip Code
Location (bldg., floor, room no., etc.): _____
Person in Charge (name): _____
Type of Activity using Controlled Substance(s): _____
Analytical _____ Research _____ Instruction _____ Clinical _____ Other _____
Controlled Substance Schedule Cons. Pr. Lic. No. _____ Exp. _____ Renewal on Hand: Yes ___ No ___
I ___ II ___ III ___ IV ___ V ___ Fed. C.S. Reg. No. _____ Current/Available: Yes ___ No ___
Persons Responsible for C.S.: Name: _____ Title: _____
 Name: _____ Title: _____
Names of C.S. Used: _____

SECURITY: Approved Safe _____ Separate locked location _____ Security complies Yes ___ No ___
Access restricted _____ Premise security _____ Other safeguards _____
Deficiencies: _____

RECEIPT RECORDS:
Sch I or II order forms: securely kept, readily available, properly executed _____
Sch III, IV, V: date received, supplier, item, str., form, qty rec'd _____ Receipt Records _____
Sch III, IV, V: separately maintained, readily available, securely kept _____ Complies: Yes ___ No ___
Deficiencies: _____

DISPOSITION RECORDS: Readily available _____ Separately maintained _____ Disp. Records
Date _____ Manner of use _____ Item str., form, qty used _____ Comply
Identification No. or experiment No. _____ Name of researcher, analyst, etc. _____ Yes ___ No ___
Deficiencies: _____

INVENTORY RECORDS: Readily available ___ Properly conducted & executed-date, signature,
signature, complete listing; Inventory Records Comply: Yes ___ No ___
Deficiencies: _____

Recommendations or Remarks: (Use additional sheet(s) if necessary)

Signature of Person Receiving Report

Signature of Agent, Drug Control Division