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Eighth United States Army  
Installation Management Command  
Korea

Army in Korea  
Regulation 40-3

8 June 2010

Medical Services

MEDICAL CONTROLLED SUBSTANCES AND PRECIOUS METALS

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\*This regulation supersedes Eighth Army Regulation 40-3, dated 7 July 2003.

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FOR THE COMMANDER:

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**Summary.** To prescribe the Eighth Army standard for the management of medical controlled substances and precious metals. This regulation also describes procedures for the monthly disinterested officer inventory and audit of controlled substances and precious metals and augments guidance as stated in AR 40-3 and AR 40-61.

**Applicability.** This regulation applies to all Eighth Army Medical Treatment Facilities (MTFs) and units maintaining medical controlled substances and precious metals.

**Supplementation.** Supplementation of this regulation and issuance of command and local forms is prohibited without prior approval of the Surgeon (EAMD), Eighth Army, Unit #15236, APO AP 96204-5236. Issuance of command and local directives or standard operating procedures providing additional guidance is acceptable.

**Internal Control Provisions.** This regulation is subject to the requirements of AR 11-2. This regulation contains internal control provisions and checklists for conducting internal review.

**Forms.** Army in Korea (AK) forms are available at [http://8tharmy.korea.army.mil/q1\\_ag/](http://8tharmy.korea.army.mil/q1_ag/).

**Records Management.** Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to the governing service regulation. Record titles are available on the Army Records Information Management System (ARIMS) website at <https://www.arims.army.mil>.

**Suggested Improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Surgeon, Eighth Army (EAMD), Unit #15236, APO AP 96204-5236.

**Distribution.** Electronic Media Only (EMO).

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## **Chapter 1 Introduction**

### **1-1. Purpose**

To prescribe the Eighth Army standard for the management of medical controlled substances and precious metals. This regulation also describes procedures for the monthly disinterested officer inventory and audit of controlled substances and precious metals and augments guidance as stated in AR 40-3 and AR 40-61.

### **1-2. References**

Required and related publications are listed in Appendix A.

### **1-3. Explanation of Abbreviations and Terms**

Abbreviations and terms used in this regulation are explained in the glossary. Some of the abbreviations identified in the glossary are unique to the medical profession.

### **1-4. Background**

The Army has established regulatory requirements that exceed those of federal law. The federal agency that governs the control and accountability of controlled substances is the Drug Enforcement Agency (DEA). The DEA standard for physical inventories of pharmacies is once every two years. The Army requirement is to inventory any controlled substance with activity on a daily basis and all controlled substances on a weekly basis. Furthermore, the Army requirement is to follow-up the self-conducted inventories with a monthly inventory by a disinterested officer. Control and accountability of controlled substances represents an important component of the Management Control responsibilities identified in AR 11-2.

### **1-5. Policy**

The appropriate management of controlled substances according to Army standards is of Command interest throughout Eighth Army. Implementation and execution of the requirements identified in this policy will be evaluated through the Command Inspection Program.

## **Chapter 2 Responsibilities**

### **2-1. Eighth Army Surgeon's Office**

a. Advises the Commanding General and staff on the requirements for accountability and safeguarding of controlled substances.

b. Coordinate physical security upgrades necessary for Eighth Army medical facilities to store controlled substances according to Army regulations.

c. Provides technical guidance and feedback to the 65th Medical Brigade staff on the implementation of this regulation.

### **2-2. Commander, 65<sup>th</sup> Medical Brigade (Med Bde)**

a. Provides oversight and control of the 65th Med Bde and 121st Combat Support Hospital controlled substance inventory control program.

b. Appoints a monthly disinterested inventory officer for Area II.

- c. Appoints a monthly controlled substance destruction officer.
- d. Publishes orders not later than the 1<sup>st</sup> of the month, preceding month of inventory (see Appendix B).

**2-3. Commander, 2d Infantry Division (2ID)**

- a. Provides oversight and control of the 2ID (to include 2 CAB) controlled substance inventory control program.
- b. Ensures inventories of 2ID (to include 2 CAB) controlled substances to include controlled medical nuclear, biological, chemical defense material (MNBCDM) are conducted as required by this regulation, by a disinterested officer.

**2-4. Commander, 19th Expeditionary Sustainment Command (19th ESC)** requires Area Support Group Commanders in Areas I, III, and IV to establish procedures at each installation to issue appointment orders based on a duty roster of disinterested junior officers and senior NCOs to serve as controlled substance inventory officers.

**2-5. Commander, USAMMC-K (Pharmacy Officer)**

- a. Provides a printed report of all controlled substances/precious metals issued to unit Commanders/Officers in Charge (OICs) (see example Appendix F).
- b. Prior to monthly inventory of USAMMC-K vault brief the inventory officer on their duties and responsibilities. Refer unresolved questions to 65th Med Bde Pharmacy Consultant.
- c. Forwards a copy of final report to Office of Commander, 65th Med Bde (EAMB-Z), Unit # 15281, APO AP 96205-5281, fax DSN 737-6034 not later than the 25th of the month.
- d. Takes corrective action on discrepancies and unit shortcomings.

**2-6. 2d Infantry Division Surgeon's Office (Medical Logistics Officer)**

- a. Provides a printed report of all controlled substances/precious metals issued to 210 units to respective MTF Commanders/OICs.
- b. Prior to monthly inventory of 2ID Division Surgeon's Office vault brief the inventory officer on their duties and responsibilities. Refer unresolved questions to 65th Med Bde Pharmacy Consultant.
- c. Forwards a copy of final report to Office of Commander, 65th Med Bde (EAMB-Z), Unit # 15281, APO AP 96205-5281, fax DSN 737-6034 not later than the 25th of the month.
- d. Takes corrective action on discrepancies and unit shortcomings.

**2-7. Pharmacy Consultant, 65th Med Bde**

- a. Serves as action officer for implementation of this regulation. Provide guidance and interpretation of the regulation. Update regulation and coordinate staffing of changes as required.

b. Obtains copies of reports of inventories/audits for all medical, dental, and veterinary units within 65th Med Bde and Eighth Army. Review monthly inventory reports for trends and weaknesses. Prepare consolidated reports for the Eighth Army Pharmacy and Therapeutics Committee with recommendations when necessary for the Commander, 65th Med Bde.

c. Briefs inventory officers within Area II of their responsibilities for monthly inventory of medical, dental, and veterinary activities. Provide guidance as requested to inventory officers throughout Eighth Army (EA).

d. Coordinate monthly (or as required) the controlled substance destruction process with USAMMC-K Quality Control Section.

e. Serves as action officer on recommendations and guidance directed by the Commander, 65<sup>th</sup> MED BDE.

## **2-8. Medical Treatment Facility (MTF) Commanders/Officers In Charge (OICs).**

a. Maintains overall responsibility to ensure all medical units in area of responsibility, to include medical, dental, and veterinary units, have completed monthly inventories/audits (see Appendix C).

b. Coordinates with host installation for appointment of monthly controlled substance inventory officers (see Appendix B).

c. Refer to paragraph 4-2 of this regulation (Instructions to Inventory Officers). Review requirements with the inventory officers and ensure they understand their responsibilities. Identify areas of the MTF that require inventory. Provide inventory officers with a copy of USAMMC-K controlled substance issue report (Appendix F). Refer unresolved questions to 65th Med Bde Pharmacy Consultant.

d. For 2ID units, provide inventory officer with a copy of 2ID Division Surgeon's Office report identifying issues during preceding period and follow instructions in subparagraph 2-10c above.

e. Obtains and reviews the final report(s) for all medical elements in area of responsibility. Forward a copy to the Office of Commander, 65th Med Bde (EAMB-Z), Unit # 15281, APO AP 96205-5281, fax DSN 737-6034 not later than the 25th of the month.

f. Takes corrective action on discrepancies or shortcomings noted.

## **2-9. Dental And Veterinary Facility Commanders/OICs**

a. Coordinate with installation Medical Commander/OIC for identification of monthly Inventory/Destruction Officers. If no medical unit is present, coordinate with host installation Commanders.

b. Ensure monthly inventories, audits, and destructions are accomplished.

c. Forward a copy of the monthly inventory final reports to Unit Medical Commanders and respective Dental/Veterinary Headquarters element. If no medical unit is present, forward to the Office of Commander, 65th Med Bde (EAMB-Z), Unit # 15281, APO AP 96205-5281, fax DSN 737-6034 not later than the 25th of the month.

d. Appoint an officer to serve as facility Physical Security Officer, with responsibility to provide oversight on storage, handling, destruction or turn-in, and regulatory compliance for controlled substances. In the event that the OIC is the only officer present, this duty will be performed by the OIC.

e. Take corrective action on discrepancies and facility shortcomings.

## **2-10. Inventory Officers**

a. Upon receipt of orders, report to the action officer identified in the orders for instructions for conducting the inventory.

b. After meeting with action officer, read AR 40-3, Chapter 11 and Appendix B and also Chapter 4 of this regulation. Report back to action officer identified in appointment orders before starting the inventory to resolve any questions regarding requirements for conducting an inventory. For questions that the action officer cannot address, contact the 65th Med Bde Pharmacy Consultant.

c. Coordinate with supervisors of each area required to be inspected/audited and complete duties as early in the month and submit final report NLT 25th of the month.

d. Conduct the inventory/audit as prescribed by regulation and personally witness each count.

e. Prepare a final report (see Appendix E) by the 25th of the month. Submit final report to Unit Commanders/OICs and forward a copy to the Office of Commander, 65th Med Bde (EAMB-Z), Unit # 15281, APO AP 96205-5281, fax DSN 737-6034 not later than the 25th of the month.

## **2-11. Pharmacy Personnel**

The Pharmacy, OIC of each MTF has overall responsibility for the requisitioning, receiving, storing, issuing and accounting for controlled substances. All pharmacy personnel are responsible for the proper handling and dispensing of controlled substances to individual patients, wards and clinics. One 91Q, Pharmacy Specialist, under the supervision of the Pharmacy Officer or Pharmacy NCOIC, will be assigned the task of handling the day-to-day operation of the main pharmacy vault in the Department of Pharmacy. If no 91Q is assigned, a Soldier or KATUSA under the supervision of the clinic OIC may perform these duties.

## **2-12. MTF Department and Service Chiefs**

Department and Service Chiefs are responsible for safeguarding and accounting for all controlled substances issued for use within their activities. In general, Officers-In-Charge of patient care areas are responsible for the maintenance of the controlled substances register and will ensure the correct storage and accountability of controlled substances according to this regulation and other appropriate ARs.

## **Chapter 3**

### **Procedures for Accountability and Safeguarding of Controlled Substances**

#### **3-1. Requisitions And Receipts**

a. All non-division units and 2ID Division Surgeon's Office will requisition controlled substances from the USAMMC-K. Division units will requisition controlled substances from the Division Surgeon's Office. When ordering "02" and "03" priority requisitions, provide a memorandum of

justification. Controlled substances will be requisitioned to maintain a minimum of a 60-day supply on hand. Various systems are used to requisition medical supplies. USAMMC-K uses TEWLS, and their customers use either DMLSS, DCAM, or TEWLS web based application. USAMMC-K is capable of receiving TAMMIS which will be completely phased out in the near future.

b. Units will obtain controlled substances through established support channels. For example, 2ID units at Camp Casey will exclusively use the Division Surgeon's Office and will not requisition, store, or turn-in controlled substances to the pharmacy at the 168th Medical Battalion health clinic.

c. All "03" priority, life or death, requests will be signed by the attending medical officer and include the diagnosis and prognosis of the patient. In order to protect the patient's confidentiality, the patient's information will be entered using the first initial of the last name and the last four of the SSN (i.e. P2053).

d. Controlled substances will be delivered directly to the 2ID Division Surgeon's Office and non-division units by USAMMC-K personnel or via registered mail of the Military Postal Service (MPS). Only personnel authorized on DA Form 1687 (Notice of Delegation of Authority - Receipt for Supplies) will receive and sign for controlled substances. Items received through the mail will have a return receipt signed before departing the mailroom. When controlled substances are received, the package must be opened immediately and all items must be verified for amount ordered and received. This information must match the Materiel Release Order (MRO) quantity found in the package. Should a discrepancy occur it must be reported immediately to the OIC, who will immediately initiate an investigation.

e. On occasion, controlled substances will be received from or issued to medical units that do not normally stock controlled substances, e.g., Forward Surgical Teams. A DA Form 3161 (Request for Issue or Turn-in), signed by the vault technician or his/her designated representative, will be used for these transactions to establish accountability. Copies of such transactions will be maintained by both parties for a minimum of two years.

f. All controlled substances received in a pharmacy will be posted immediately and the MRO will be maintained for a period of two years. The MRO number is an eight-digit number derived from the 15-character number located under the first bar code. The first six characters (beginning with W) and the last character will not be used. The middle eight numbers represent the Julian date and serial number of the item issued.

(1) For manual systems - enter the MRO number and specific information about the quantity received on the appropriate DA Form 3862 (Controlled Substance Stock Record) maintained in the vault.

(2) For pharmacies maintaining inventory on Composite Health Care System (CHCS), enter the MRO number and quantity received into CHCS directly using command: "ADD (Add to controlled inventory).

g. Controlled substances being transported between clinics will be secured in a lockable container. A red crash cart lock or alternative lock will be used to secure the container. The serial number on the crash cart lock will be written on the DA Form 3161 for the item(s). The DA Form 3161 will be placed inside the lockable container with the controlled substances.

### **3-2. Dispensing Controlled Substances In MTFs**

a. All controlled drug issue requests require one of the following:

- (1) DD Form 1289 (DOD Prescription) signed by an authorized prescriber.
- (2) Physicians' orders entry prescription in CHCS by an authorized prescriber.
- (3) DD Form 1289 signed by a Registered Nurse (RN) (for ward/clinic use only).
- (4) DD Form 1289 signed by a pharmacy officer (for pharmacy use only).

In addition, a current DD Form 577 (Signature Card) and DA Form 1687, denoting authority to requisition or receive Note Q or Note R supplies, must be on file before a request can be processed.

b. Prescribing/Ordering Controlled Substances in MTFs.

(1) Hard copy prescriptions for outpatient dispensing will contain the full name, address or unit, and telephone number of the patient. The medical facility listed on the prescription will be the one the prescriber is affiliated with. The date will reflect the actual date of prescribing. Prescriptions for outpatient dispensing must be presented to an Eighth Army (EA) pharmacy for filling within seven (7) days of the date written by the provider. The medication will be clearly spelled out using generic and/or trade name. The quantity to dispense can be displayed as Arabic numeral (#10), but must also be spelled out (Ten) to avoid confusion and chance of alteration. The signature block must contain the prescriber's full name, rank, corps, and SSN, or other authorized equivalent number. The SSN is used by the armed forces in lieu of the required DEA number when prescribing controlled substances. This block must also contain the prescriber's signature as it appears on the DD Form 577, which is on file in the pharmacy. Provider order entry in CHCS will already contain this information.

(2) Prescriptions for ward or clinic use will contain the words "For Ward/Clinic Use Only" in the patient information block of the DD Form 1289. The name of the ward will also be listed, such as "MCU, ICU," etc. Include the name of the medical treatment facility and date the prescription was written. The medication will be clearly spelled out using generic and/or trade name and amount spelled out as noted in (1) above. The signature block must contain the requester's full name, rank, corps, and SSN. The block also contains that requester's signature as it is found on the DA Form 1687 or DD Form 577 on file in the facility pharmacy. Ward or clinic requisitions must be completed by clinic physicians or registered nurses.

c. Prescriptions filled in the pharmacy vault for schedule II-V Controlled Substances will be posted, at the time of dispensing, and on a pharmacy Controlled Substances Log Sheet (local form when using CHCS or DA Form 3862). The date, patient's name, RX number, name of medication, strength, quantity dispensed, and initials of the filler will be recorded on the log. This internal log sheet will be kept for 2 years locally and record storage area for additional 3 years (total of five years storage prior to destruction).

d. If requests for any medications are in quantities that exceed what is on hand in the pharmacy, a call will be made to the prescriber to change the prescription to the amount available. If a change is granted, the original quantity will be lined through with a single line and initialed by the pharmacy person completing the action. The authorizing individual will also be noted on the prescription.

e. Prior to the dispensing of controlled substances, for patient, ward, clinic or other use, the medications will be double-checked by two different members of the pharmacy staff. One should

be a pharmacist, if possible. Each individual will initial and write the quantity dispensed on the prescription or pink or green Controlled Prescription Receipt. In clinics staffed by one technician or pharmacist, those individuals will double-count the prescription.

### **3-3. Issue Of Controlled Substances To Individual Patients at MTFs.**

a. Patients will be required to provide proper identification and sign their name at the time their medication is dispensed to acknowledge receipt of the controlled substance. The patient will sign his/her name either on the back of the prescription or on a pink or green Controlled Prescription Receipt which is used as a receipt for prescriptions that are directly entered into CHCS via provider order entry.

b. Prescriptions presented later than seven days from the date written are not valid. For prescriptions entered into CHCS, patients must come to the pharmacy within seven days from the date entered into CHCS.

c. Filled prescriptions for outpatients that are not picked up by close of business will be secured in the vault area until they are picked up or returned to stock after seven (7) days. Providers must ensure their patients are aware of the need to claim their prescriptions within this time frame. Failure to claim the prescription within seven (7) days will result in cancellation of the prescription order. Providers will be required to re-enter a new prescription after the previous prescription has been cancelled if the medication is still required.

d. Patients who are unable to pick up their own medications may designate someone else to pick them up. Those so designated, must present their identification card (ID) as well as the patient's ID card when picking up the medication. If not a family member, the individual must have a letter signed by the patient authorizing him/her to pick up the patient's medications. The only exception to this policy is for staff picking up medications for patients scheduled for aero-medical evacuation (MEDEVAC). MEDEVAC clerks must present the pharmacy with the manifest for the scheduled flight on which the patients are listed and must have a current DA Form 1687 on file in the pharmacy. Family members who present to the pharmacy to pick up a patient's prescription should make every effort to have the patient's proper identification.

### **3-4. Dispensing Quantity Limits**

a. All prescriptions will be written to comply with the quantity limitations established by the EA Pharmacy & Therapeutics Committee. Prescriptions written for quantities in excess of the authorized amounts will be adjusted accordingly. Exceptions to these limits will be considered on an individual basis by the 65th Med Bde Deputy Commander for Clinical Service (or designee).

b. Dispensing Quantity Limits -

(1) Most Schedule III - V medications will be dispensed for a maximum supply of 30 days with no refills.

(2) Anti-convulsants in Schedule III - V may be dispensed for a maximum of 90-day supply with no refills.

(3) Schedule II narcotic agonists may be dispensed for a maximum of a 14-day supply with no refills.

(4) Schedule II non-narcotics may be dispensed for a maximum of 30-day supply with no refills.

(5) Schedule II Controlled substances written for behavior disorders (Ritalin, Dexedrine, and Cylert) may be dispensed for a maximum of 90-day supply with no refills.

(6) Chronic Use (Oncology or intractable pain): Prescription for Schedule II narcotic agonists for patients with intractable pain may be dispensed for a maximum of a 30-day supply with no refills. The statement "Chronic use" must be entered in the CHCS comment field or on the face of the hard copy prescription to alert the pharmacy staff. Examples of chronic patients are those needing continuous pain management and those with terminal illnesses.

**NOTE: THE MAXIMUM AMOUNT ISSUED ON THE PRESCRIPTION MAY CHANGE BASED UPON AVAILABILITY OF THE MEDICATION.**

### **3-5. Issue Of Controlled Substances for Ward/Clinic Use**

a. Controlled substances will be transported to wards/clinics routinely by pharmacy personnel. Care will be taken not to publicize the transportation of controlled substances.

b. Personnel designated on the DA Form 1687 to receive Note Q and Note R supplies will verify the drug ordered and quantity during delivery. Once verified, the receiving person will sign the back of the prescription with name, rank, SSN, date, and time. If no one is available to receive the prescription(s), pharmacy personnel will wait or return to the pharmacy with the medications until a more opportune time. At no time will controlled substances be left unattended.

c. Issuing pharmacy personnel will record on the ward's appropriate DA Form 3949 (Controlled Substances Record), the date, time, "Pharmacy Issue," prescription number, requester's name and rank, issuing individual's signature and rank, quantity issued, and new balance. The receiving individual will place his/her initials in the expenditures column.

d. Occasionally prescriptions are written for specific patients to be administered in the clinic for a procedure. In many of these instances, neither the patient nor the prescriber may be available to receive the medication. Technical personnel within that clinic, who are authorized by the Clinic Chief on DA Form 1687, may sign for these medications in these instances.

### **3-6. Return Of Excess or Deteriorated Controlled Substances**

a. Within the Eighth Army, every effort will be made to limit excess quantities of controlled substances and to destroy deteriorated or expired drugs in a timely manner.

b. Excess materiel will be turned-in to the issuing unit (e.g., USAMMC-K, Division Surgeon's Office, 168th Med Bn Hub Clinic, 121st General Hospital). Turn-in will be documented on DA Form 3161, and the appropriate quantities will be adjusted on the DA Form 3862 or entered into CHCS by the CHCS coordinator.

c. Once a request for turn in is received from a unit, clinic or ward, the vault technician will verify the quantity of each medication to be turned in with the ward or clinic person completing the turn in. Once verified, the vault technician will annotate on the DA Form 3949 belonging to the ward or clinic with date, time, "Pharmacy Return", requester's name and rank, receiving individual's signature and rank, quantity returned, and new balance. The returning individual's initials will be place in the receipts column.

d. Small quantities of deteriorated substances (e.g., one broken tablet) may be destroyed locally through disposal into the sanitary sewer. Destruction will be witnessed by the section OIC or clinic commander. Destructions will be documented on DA Form 3161, and the appropriate quantities adjusted on the DA Form 3862 or entered into CHCS by the CHCS coordinator.

e. Deteriorated or expired medication will be turned-in IAW instructions from the 65th Med Bde Pharmacy Consultant regarding monthly controlled substance destruction Procedures. Turn-in will be documented on a DA Form 3161, and the appropriate quantities entered on the DA Form 3862 or entered into CHCS by the CHCS coordinator.

f. The destruction site is currently at a contract incinerator facility located in Incheon. Refer to 65th Med Bde Pharmacy Consultant for further details and coordination. The 65th Med Bde Pharmacy Consultant coordinates the destruction effort with USAMMC-K.

(1) 65th MEDCOM S1 appoints every month a destruction officer on orders to inventory items for destruction and witness of destruction.

(2) Expired, contaminated, or controlled substances with suspected or confirmed compromise of integrity, in less than units of issue, will be consolidated for destruction.

(3) The completed destruction document will be the authority to remove the drugs from the DA Form 3862 or for adjustment to CHCS. Not until the destruction is final will those items be removed from the DD Form 3862 or adjustments made to CHCS. If using CHCS, issue items to a destruction vault using a new menu to enter the quantity decreased. Then check the inventory using the inventory record inquiry ("INI) function. If needed, contact the 121st Brian Allgood Hospital CHCS coordinator for assistance.

(4) Separate destruction documents will be prepared for MTOE controlled substances

### **3-7. Locally Controlled Substances**

All items designated by the commander to be locally controlled, will be maintained on a DA Form 3862 and treated as Note Q controlled substances. Requests to establish a status as "locally controlled substance" will be forwarded to the Eighth Army Pharmacy and Therapeutics Committee for review and recommendation to the Commander. Examples of reasons for designating a product "locally controlled substance" include high potential for theft, abuse (e.g., nalbuphine), or cost.

### **3-8. Accountability/Daily Inventories in MTF Pharmacies**

a. The Chief of Pharmacy will ensure that only authorized activities receive controlled substances from the pharmacy.

b. Controlled substances collected from patients will be handled, safeguarded, and accounted for in the same manner as regularly stocked controlled substances. However, returned drugs will be segregated from regular stock and will be identified for destruction, as they cannot be reissued to patients. Each drug returned from a patient will be documented with a DA Form 3161 with the patient signing Block 13 of the DA Form 3161 as the person "issuing" the item and the pharmacy/clinic staff signing Block 15 for receiving the medicine. If returned from ward/clinic staff, they will provide the "issuing" signature. After inventory of the item, a red tamper proof tape will be placed over the top of the vial and the item will be held and consolidated for destruction. The item will be added to a separate DA Form 3862 used for accounting for destruction items, or when using CHCS, added to the "destruction vault."

c. Bottles of tablets or capsules from the manufacturer should be counted when opening to ensure they contain the stated number of tablets or capsules on the label. A memorandum for record (MFR) will be prepared in the event a manufacturer provides an overage or underage in a bottle. The MFR will be signed by the two individuals that counted and verified that the count on opening the bottle was different from the manufacturers stated number. The MFR will be provided to the chief of pharmacy and will be forwarded to the CHCS coordinator for those areas that maintain their inventory on CHCS. The MFR will be used as documentation of adjustment to inventory.

d. A daily inventory will be accomplished on all items that have activity and a 100% inventory will be accomplished weekly for all items in the vault to include locally controlled items.

e. The vault technician will maintain copies of all DD Form 1348-1A (Issue Release/Receipt Document) for each item received from USAMMC-K. These documents will be maintained for two years. The document number from this form will be used to record receipt of controlled substances onto the DA Form 3862 if maintaining manual inventory system or for recording receipt into CHCS.

f. Accountability/Inventories - Manual System

(1) The Pharmacy Vault Custodian will post all prescriptions and DA Form 3161's reflecting adjustments daily (within 24 hours) on the DA Form 3862.

(2) Hard copy prescriptions will be maintained in numerical order in separate files for note Q and R items.

(3) The initials of the technician next to the balance on hand column on the DA Form 3862 will document the daily inventory of the product.

(4) A separate entry on the DA Form 3862 will be made for weekly inventories. In the "debit" column, write the words "weekly inventory." In the debit or;

g. Accountability/Inventories - CHCS (see Appendix I for a description of CHCS reports).

(1) CHCS creates a 3-part prescription label. One portion of the label will be placed on the prescription vial, the single line label will be placed in sequential order on the Controlled Substances Log (according to note Q or R). The date, patient's name, Rx number, name of medication, strength, quantity dispensed, and initials of filler will be recorded on the log. The pink or green index card serves as documentation of receipt of the prescription by the patient as there is no hard copy prescription in CHCS for the patient to sign. The wide-label will be placed on the respective pink or green index card to serve as the mechanism to document receipt of the prescription by the patient. In the event that a hard copy prescription (DD Form 1289) is received (e.g. CHCS is down or prescriber is away from CHCS terminal), the wide-label will be placed on the back of the prescription in a location that does not cover the patient signature. **NOTE** - Camp Casey pharmacy uses the Medication Refill Request form to document dispensing of controlled substances in lieu of the pink/green index cards. Documentation with the Refill Request form is acceptable.

(2) The index cards will be sorted daily according to Rx number and compared to the Controlled Substance Log to ensure that all patient receipts are accounted. The index cards will be stored for five years.

(3) Prior to conducting daily inventories, technicians will complete prescription transactions ("CRT) to ensure that the system properly debits and credits transactions prior to inventory. The vault technicians will daily run a CHCS controlled substance inventory report ("INR) and compare the quantity on hand from that report to the quantity counted for each vault item. A copy of each daily inventory report will be maintained for review by the monthly inventory officer.

(4) For the monthly inventory by the disinterested officer, the vault technician will have ready the following reports from CHCS:

(a) Controlled Substance Inventory Report ("INR) - current as of time of inventory

(b) Controlled Issue Report ("SIR) - print report for each area that controlled substances were issued since the last monthly inventory

(c) Supply Vouchers Report ("SVR) - print report for inventory officer to allow reconciliation with USAMMC-K issues report - wait to review dates on inventory officer's report to ensure that reporting time frames are consistent

(d) Adjustment Report/Controlled Drug Movement Report ("NMR) - print out if there is a discrepancy in the controlled substance inventory report) Controlled Substance Inventory Record Report ("STR) - print out if there is a discrepancy in the controlled substance inventory - print for each item that has a discrepancy.

h. If during an internal inventory, a shortage/overage is discovered, the Chief of Pharmacy or Clinic OIC will be notified immediately and a MFR prepared by the vault technician to describe the discrepancy. The Chief of Pharmacy will notify the Deputy Commander for Clinical Services of unresolved discrepancies.

i. If the pharmacy provides pre-packed controlled substances to the UCC, the pharmacy will establish procedures to ensure items dispensed to patients are recorded into CHCS and debited from any automated inventory system.

### **3-9. Change of Vault Custodian**

A joint inventory of controlled substances will be conducted when there is a change in vault custodians. The person assuming responsibility for the vault inventory will physically count all items and annotate the quantities on hand on each DA Form 3862 or if using an automated system, will sign the bottom of the INR report. Discrepancies will be reported immediately to the Chief of Pharmacy or clinic OIC.

### **3-10. Accountability/Daily Inventories in MTF Wards/Clinics**

a. Key Control. Charge Nurse/Registered Nurse ensures the LVN/68WM6 responsible for medication administration retains control of the keys to the Controlled Substances during their tour of duty.

b. The DA Form 3949 should be maintained in a loose-leaf notebook for the centralized filing of nursing unit records pertaining to the receipts, issues, balances and audits of all controlled substances at each location. The register must be kept in the same area where medications are prepared for administration. The DA Form 3949-1 (Controlled Substances Inventory) will be filed in the front of the notebook, followed by separate DA Forms 3949 for each controlled substance stocked on the nursing unit. Controlled Substance Records must be kept in the controlled substances register when in use. When the record is filled it must remain in the Controlled

Substance Register or in a current file area until the monthly Controlled Substance Inventory Officer completes his inventory and audit.

c. Controlled Substances Register. DA Form 3949-1 and DA Form 3949 and its component will be maintained by wards, clinics, emergency rooms and similar activities that stock controlled drugs. This register is the primary document by which these activities will account for the receipt, issue and presence of controlled substances. This register will be constructed and entries made as prescribed in Chapter 11 and Appendix B, AR 40-3, with the following exceptions:

(1) On all patient care areas operating multiple shifts, transfer of the possession of controlled substances will be effected by making a joint inventory of such items and comparing the amounts on hand with the balances shown on DA Form 3949. At the completion of each tour of duty, the registered nurse, civilian licensed practical nurse, or clinical specialist coming on duty will perform the inventory. If correct, the balance on hand will be entered in the appropriate column on DA Form 3949-1 and the signature of these individuals will be entered in the appropriate space.

(2) At activities operating only one eight hour shift each duty day, entries to the DA Form 3949-1 need to be made twice each duty day, at the beginning and the end of a shift. The time of each inventory will be annotated in column b, on the DA Form 3949-1.

(3) In cases where a unit operates two shifts instead of three, the controlled substance inventory must be made at the beginning of the duty day, at change of shift, and at the end of the duty day. The time of each inventory will be annotated in column b on the DA Form 3949-1.

(4) DD Form 1289 will be used by ward and clinic staff to order controlled substances from the Department of Pharmacy.

(5) All personnel requesting controlled substances must maintain a current signature card on file that specifically states "authorized to order and/or receive controlled substances." This authorization should be limited to physicians, RN's, ward masters and/or clinic NCOIC's. Activities should limit their list of personnel that receive narcotics to as few as possible.

(6) If the inventoried amount does not match the balance on the corresponding DA Form 3949, the staff will try to rectify the discrepancy. If the discrepancy cannot be corrected, the amount inventoried will be entered in the appropriate column and the discrepancy reported immediately to the next higher authority. Supervisors have a responsibility to keep the chain of command informed of discrepancies. Refer to paragraph 3-10 for procedures to follow when a discrepancy occurs.

(7) Inactive documents will be retrieved by the inventory officer and returned to the clinic OIC or in Area II to the 65th Med Bde Pharmacy Consultant for filing IAW AR 25-400-2 (maintained locally for a period of two years and transferred to a records holding area for an additional three years -- total storage of five years).

d. Controlled substances collected from patients will be handled, safeguarded, and accounted for in the same manner as regularly stocked controlled substances. Each drug returned from a patient will be documented with a DA Form 3161 with the patient signing Block 13 of the DA Form 3161 as the person "issuing" the item and the ward/clinic staff signing Block 15 for receiving the medicine. The item will be returned to the pharmacy at the earliest opportunity for destruction using a new DA Form 3161 with the ward/clinic staff as the "issuing" signature.

### **3-11. Discrepancies**

a. In the event of a controlled substance discrepancy on a nursing unit, check all patient's records against DA Form 4678 (Therapeutic Documentation Care Plan) and DA Form 3949. Look for medication that was administered but not signed out. Search the medication areas and surroundings. If the discrepancy is not resolved, initiate a DA Form 4106 (Quality Assurance/Risk Management Document). Notify section chief or senior charge nurse. Immediately following the incident report, write a MFR and obtain signatures of individuals involved with the incident, as appropriate. Place a copy of this MFR in the Controlled Substances Book. If the discrepancy cannot be corrected, the amount inventoried will be entered in the appropriate column on the DA Form 3949 as described in Appendix B-6 of AR 40-3.

b. In the event of a discrepancy for the pharmacy vault, do a complete inventory. Search for prescriptions and examine the controlled substances log for medications that was dispensed. An attempt to contact individuals who received controlled substances within that day should be done if the discrepancy is not found locally. Immediately notify the Chief, Department of Pharmacy followed by the preparation of a MFR. Place a copy of this MFR in the Controlled Substances Book. The MFR should remain there until the Controlled Substance Inventory Officer removes it during the next inspection.

c. Adjustment or Correction of Recording Errors. Erasures of any kind are prohibited. A single line will be drawn through any incorrect entry. The original entry must remain legible beneath drawn line. The person making the correction will initial above the line drawn. Annotate "Balance Correction" in the "Patient's Name" space. Also document the name of the charge person, name(s) of other person(s) involved, quantity, initials of the witness and the new balance.

### **3-12. Security and Access to Controlled Drug Areas**

a. At least annually, medical logistics units, MTF commanders (or pharmacy officer on behalf of the MTF commander) will request the local provost marshal to evaluate the security of all medical materiel storage areas to include logistics and the pharmacy. This survey will be documented and installation engineer support will be obtained to accomplish any facility adaptation required for improvement of security. The provost marshal should contact the 65th Med Bde pharmacy consultant regarding any questions pertaining to physical security requirements for controlled substances.

b. Ward Nursing Stations, Clinics and other assigned controlled substance storage areas

(1) Schedule II Controlled Substances.

(a) When duty personnel are in attendance 24 hours a day, Schedule II controlled substances will be stored in a double locked container.

(b) When duty personnel are not present 24 hours a day, Schedule II items must be stored in a GSA-approved safe and an additional barrier will be provided, such as securing safes inside a locked room.

(2) Schedule III - V Controlled Substances will be stored in a double-locked container. The locked container should show no evidence of tampering. For example, a glass double locked door, if broken, is evidence of tampering and should be reported immediately to the OIC, nursing supervisor, or higher authorities, as assigned. Housekeeping personnel will be escorted by ward or clinic personnel with access to controlled drug areas.

c. Pharmacy: The security of the vault area is the concern of all members of the pharmacy staff. Only individuals approved by the Chief, Department of Pharmacy, will be authorized access to the vault area. (posted access roster). SF Form 700 (Security Container Information) cards will be affixed when five or more personnel have access into the pharmacy area (Example: Affix SF Form 700 to the outer vault door, and the vault safe).

d. AR 190-51, Chapter 4, establishes policy, procedures, and minimum physical security standards for the storage of controlled substances and medically sensitive items. Different standards exist for pharmacies, medical logistics units, and wards/clinics. Coordination with the installation will be maintained to ensure the pharmacy has the resources to maintain compliance with AR 190-51.

e. The commander may request the U.S. Army Criminal Investigation Division (CID) to conduct crime prevention surveys for the purpose of detecting crime, evaluating the possibility of criminal activity, and identifying procedures conducive to criminal activity. Theft, loss, recovery, or mismanagement of significant quantities of controlled substances and other medically sensitive items will be reported according to AR 190-45.

### **3-13. Disposal (Wastage) Of Controlled Substances in Wards/Clinics (Patient Care Areas)**

a. Single dose medications, to include narcotic drips, not completely used will be wasted in the presence of two individuals. Both people must be health care professionals authorized to administer and sign for controlled substances. Annotate the numerical amount wasted (in gm, mg or mcg) in parentheses on DA Form 3949 in front of the total quantity used. (See Appendix K for example).

b. Anesthesia providers will document wastage and witnessing of this wastage of controlled substances on DA Form 7389 (Medical Record - Anesthesia Record). This form must be completed in duplicate with one copy retained by the anesthesia provider to permit the transfer of appropriate information to the DA Form 3949 at the completion of the day's cases. Wastage information must be transferred to the DA Form 3949, but the signature of the witness on the 3949 is not necessary since it was already certified on the DA Form 7389. The DA Form 7389 will be retained on file with the anesthesia controlled substance records to permit random audits of controlled substance usage by the monthly inventory officer.

c. Accidental opening or destruction, damage or contamination will be brought to the attention of the charge person at the time, if applicable, and document a record the fact on the appropriate DA Form 3949 for the controlled substance being wasted, including the date, amount of the drug, brief statement of the circumstances, the new balance, the signature and printed name of the person making the entry in the "administered by" column, and the signature and printed name of a second individual for verification in the "witness to any waste" column.

d. Expired, deteriorated or compromised identity of control will be returned to the Pharmacy using DD Form 1289 and DA Form 3161 (Request for Issue or Turn-in). A pharmacy representative will record the turn in transaction on the DA Form 3949. The original turn-in documents will be filed in the pharmacy and copies provided to the patient area submitting the turn-in.

### **3-14. Monitoring Patient Use of Controlled Substances**

The Pharmacy CHCS coordinator at the 121st General Hospital will prepare a monthly report of controlled substance prescriptions sorted by patients receiving more than one controlled substance in the previous month. The report will be provided to the Chief of Pharmacy at the 121st General

Hospital Pharmacy for review with 65<sup>th</sup> MEDCOM Pharmacy Consultant to determine if there are any patients that require identification to the 65th Med Bde DCCS. The DCCS will review medical records and determine in conjunction with the Pharmacy and Therapeutics Committee a resolution based on discussion with applicable prescribers.

### **3-15. Dispensing Controlled Substances in Field Settings**

a. All controlled drug issue requests require a DD Form 1289 signed by an authorized prescriber.

b. Prescriptions written in the field will contain the full name, address or unit, and telephone number of the patient. The date will reflect the actual date of prescribing. The medication will be clearly spelled out using generic and/or trade name. The quantity to dispense can be displayed as Arabic numeral (#10), but must also be spelled out (Ten) to avoid confusion and chance of alteration. The signature block must contain the prescriber's full name, rank, corps, and SSN, or other authorized equivalent number. This block must also contain the prescriber's signature. The back of the prescription will contain the signature of the patient verifying receipt of the controlled substance.

c. To the extent possible, a similar mechanism will be maintained in the event of transition to hostilities. In a combat environment, documentation of prescribing on the field medical card may replace the DD Form 1289.

### **3-16. Accountability/Daily Inventories in Field Settings**

a. Controlled substances transported to the field will be maintained in a locked container (ammo box or equivalent) and be under the personal control of the health care provider. Key control for the locked container will be IAW AR 190-51.

b. The locked container will have available a DA Form 3949 for each item stocked. In addition to writing a prescription to document use of controlled substances, the medical officer in possession of the container will record distribution of controlled substances as they are dispensed.

c. The medical officer will document inventory of the contents of the container on the DA Form 3949 prior to exercise, weekly, and upon return from the field. As items are dispensed, the medical officer will also verify that the quantity on the DA Form 3949 is correct.

d. For routine training exercises, unit of use (unit dose) controlled substances are recommended to simplify inventory control procedures.

e. Division level health care providers are required to obtain controlled substances for field training exercises from the MSOD.

f. Upon completion of field training exercises, health care providers will turn-in controlled substances to the issue point (Division Surgeon's Office) using a DA Form 3161 and reconcile quantities remaining with prescription records.

g. Prescriptions written in the field will be entered into CHCS upon return from the field in order to maintain adequate medical record of patient care. An entry in the remarks section will be used to identify that the prescription was dispensed during a field setting. Care will be taken to ensure that automated inventory procedures are not compromised when hard copy prescriptions, DA Forms

3949 and DA Forms 3161, will be maintained for a period of five years (two years local, three years in records holding area).

h. In a combat environment, documentation in the medical record will be delayed until such time that a reliable system can be established.

### **3-17. Documentation Of Administration Of Controlled Substances in Field Settings by Health Care Specialists (68W)**

a. Current doctrine for 68W health care specialists identifies the requirement for administration of controlled substances to military combat casualties.

b. Normal training exercises, controlled substances will not be issued to 68W.

c. In the event of transition to hostilities, controlled substances issued to a 68W will be documented on a DA Form 3161 by the unit medical officer or controlled substance custodian. The medic will record use of any controlled substance on the field medical card for each respective patient receiving a controlled substance.

d. To the maximum extent possible, the 68W will maintain a DA Form 3949 to record expenditures of controlled substances in the course of providing care to combat casualties.

### **3-18. Management Of Medical Chemical Defense Materiel (MCDM) (Convulsant Antidote For Nerve Agent (CANA))**

a. CANA (6505-01-274-0951) is a Schedule IV, Note Q, controlled substance and requires storage in a Government Services Administration approved safe or vault, IAW AR 190-51, para 4-8, and at room temperature between 59 and 86 degrees Fahrenheit. It is a prescription use only item. This item must be inventoried monthly IAW AR 40-3, Appendix B, and AR 40-61, chapter 3.

b. Custody of Materiel:

(1) According to release guidance from USAMMA, a chain of custody must be maintained from the IMSA to the Unit to the Individual Service Member. This chain will be reversed when materiel turned-in or the mission ends. This is especially important with CANA, since lost of accountability will result in an AR 15-6 investigation.

(2) All CANA will be unit controlled, and stored until the Combatant Commander or Command Surgeon authorizes distribution. The senior member of small elements deploying, will sign for the CANA and turn it in to the unit/command, they are assigned to, when they arrive at final designation.

c. Release of Materiel to Individuals.

(1) A roster, manual or automated, will be maintained for all MCDM issued to individuals. The roster will contain the individual's name, SSN, rank, name of drug, quantity issued and the time and date of the issue.

(2) When the materiel is turned-in, or the operation/exercise terminates, the roster will be annotated with the quantity returned along with the time and date of the action. It is assumed that all quantities not turned-in were used by the individual and will be so annotated. Comments will explain reasons for any non-return assets (consumed, lost, damaged, etc...). Assets issued to

individual service members will be segregated and turned in the storage activity marked, issued to Individual Service Members.

(3) Copies of the rosters will be sent to Headquarters DASG (DASG-HCO), 5111 Leesburg Pike, Suite 401, Falls Church, VA, 22041-3258, upon completion of the mission/turn-in or consumption of all materiel.

## **Chapter 4 Procedures for Controlled Substance and Precious Metals Monthly Inventory and Audit**

### **4-1. General**

a. Inventory officers will be a disinterested commissioned officer, a senior noncommissioned officer in the rank of SSG or higher, or a civilian employee of grade GS-7 or higher.

b. Inventory Officers will inventory and audit both TDA and TO&E controlled substances, locally controlled medications and precious metals of the designated inventory locations, i.e., medical units (pharmacies and patient care areas), dental and veterinary clinics. An example of a locally controlled medication is Nubain (nalbuphine). Nubain is not a controlled substance of the Drug Enforcement Agency (DEA), but has been designated as a locally controlled substance due to abuse potential.

c. A representative list of controlled substances and precious metals is at Appendix E. Actual products stocked and stock numbers may vary. Documentation available from the issue point will describe those items that were supplied to the inventory site.

d. Unopened stock bottles will not be opened. The labeled quantity will be used to calculate balance on hand. Inspect unopened bottles for signs of tampering (broken seals, etc.).

e. Inventory Officers will not be appointed to conduct inventories on consecutive months (i.e., the same inventory officer cannot conduct inventories two months in a row).

### **4-2. Instructions To Inventory Officers**

a. The Appointment Orders will identify an action officer for the inventory officer to report. It is critical to the success of the monthly inventory to report to the action officer as soon as the appointment orders are received to obtain the list of units/sections to be inventoried.

b. This regulation identifies different procedures for inventory of medical logistics units (4-3), pharmacies (4-4), wards/clinics, urgent care clinics, laboratories, and veterinary clinics (4-5), unit medical supply/MCDM (4-6) and dental units (4-7). Be sure that the appropriate instructions are followed for respective areas inventoried.

c. The final report needs to be complete and submitted by the 25th day of the month. Use the format identified in Appendix E for submitting the final report. Be sure to include your phone number in the report. Provide one copy of the final report to the respective unit commander and one send one copy to the 65th Med Bde pharmacy consultant at DSN 737-7485.

d. The action officer will provide the inventory officer with a list of monthly issues of controlled substances and precious metals distributed by USAMMC-K. Due to processing time, the list

provided lags the month to be inventoried by one month. Therefore, an officer assigned to conduct an inventory in October will receive a report describing issues by USAMMC-K from August.

e. The conduct of the monthly controlled substance inventory by a disinterested officer is of significant importance to the Army. Inventory officers have a responsibility to conduct a complete and thorough inventory.

f. Inventory officers will come in contact with patient information in the course of their duty information in the patient chart is personal in nature. By virtue of assignment as an inventory officer, there is a legitimate need to know and have access to the patient chart. Information from any patient's chart is not to be disclosed other than to accomplish the assigned mission.

#### **4-3. Inventory Of Medical Logistics Units**

a. Eighth Army Medical Logistics Units.

(1) USAMMC-K, Chief, Stock Control Division or Pharmacy Office

(2) 2d Infantry Division, Division Surgeon's Office.

b. The inventory officer will obtain a listing of all items received during the control period from the Division Surgeon's Office from records from the BMSO (Brigade Medical Supply Officer). Verify the receipt of items received during the control period by first comparing the document register against the listing of items received and second compare the DA Form 1296 (Stock Accounting Record), against the listing provided by the Division Surgeon's Office. Identify any discrepancies in the comments section.

c. Without referring to the amount shown in the **Balance** column of the DA Form 1296, conduct a physical inventory of all controlled substances on hand. Referring to the appropriate DA Form 1296 for each item inventoried, the amount physically counted reconciled with the amount reflected in the Balance column.

d. Using a calculator, verify the mathematical accuracy of all DA Form 1296 entries for those items inventoried. Identify any discrepancies in the comments section.

e. Is the actual quantity on hand less than or more than the recorded balance on the DA Form 1296 and the apparent shortage or overage cannot be resolved by the Medical Supply Officer/NCO? (i.e., no posting or math errors).

(1) If the answer to the question is "yes", record the actual quantity found as the new balance with the notation "**Per Inventory**," the date, signature and grade of Inventory Officer on the line immediately below the last entry.

(2) When no discrepancies are noted, the date, the statement "**Inventoried and Found Correct**," signature, grade, and the balance on hand are recorded immediately below the last entry.

f. Include a description of any discrepancies in the final report.

#### 4-4. Inventory Of Pharmacies

a. Contact the pharmacy to be inventoried in advance to arrange date and time for inventory. Different procedures are followed for the inventory depending on whether the pharmacy maintains their inventory with manual records or through CHCS.

b. Inventory of pharmacy maintaining manual records—

(1) Review the DA Form 3862s to ensure that there is an entry from the previous month's inventory officer. The DA Form 3862s will be annotated with either Inventoried and Found Correct or Per Inventory with date and name of inventory officer.

(2) Use the list of issues compiled by USAMMC-K to determine if issues identified on the report were logged onto DA Form 3862s for the respective products issued.

(3) Ask the vault technician if there were any adjustments made during the previous month and request copies of any DA Form 3161, reports of survey, turn-in documents, or transfers of accountability documenting adjustments to verify the entries. Compare these reports to the DA Form 3862s to ensure all required adjustments are reconciled.

(4) Select at least 10 percent of the issues (credits) since the last inventory for all controlled substances recorded on each DA Form 3862 and verify that each entry is supported by a valid prescription. The prescription and the document number, authorized location, the name and strength of drug, and the amount issued or dispensed should be verified.

(5) Without referring to the amount shown in the **Balance on Hand** column of the DA Form 3862, count the number on hand for the respective item described on the DA Form 3862

(6) Referring to the appropriate DA Form 3862 for each drug, determine if the amount physically counted reconciles with the amount reflected under the **Balance on Hand** column.

(7) If the amount counted reconciles with the **Balance on Hand**, the inventory officer will write or use a pre-printed stamp on the next line and enter the date, the statement, "**Inventoried and Found Correct**," the signature and rank or grade of the individual conducting the inventory and balance on hand.

(8) If the amount counted is different from the **Balance on Hand**, provide the vault technician an opportunity to resolve the error, e.g., check math, check posting against prescriptions, etc. If the vault tech cannot resolve the discrepancy, make an entry on the line immediately below the last entry with the date, the statement, "**Per Inventory**," signature, rank or grade, and quantity found.

(9) Continue through each of the DA Form 3862s maintained by the pharmacy.

(10) Include a description of any discrepancies in the final report.

(11) Obtain a total of 15 prescriptions for review and comparison against entries in the SF Form 600 (Health Record - Chronological Record of Medical Care). Medical records can be obtained from the Patient Administration area. It is not uncommon for medical records not to be available for many patients. Review those records that Patient Administration is able to obtain from the names of the 15 prescriptions obtained. Determine if the doctor made an entry on the SF Form 600 on the date of the prescription describing the prescription. If the patients' records do not

reflect the prescribing by the doctor, include a statement in the final report describing the results of the prescription review, e.g., "Of the 7 available patient records, 6 records correctly reflected prescribing by the doctor.

c. Inventory of pharmacy maintaining automated records.

(1) Review the CHCS generated Controlled Substance Inventory Report from the previous month. The report will be annotated with either Inventoried or Found Correct or Per Inventory with date and name of inventory officer.

(2) Use the list of issues compiled by USAMMC-K and the CHCS Adjustment Report to determine if issues identified on the USAMMC-K report were logged into CHCS. Compare against the CHCS supply vouchers report (SVR). Make sure the technician runs the report for the same time period that is identified in USAMMC-K report.

(3) Ask the vault technician if there were any adjustments made during the previous month and request copies of any DA Form 3161, reports of survey, turn-in documents, or transfers of accountability documenting adjustments to verify the entries. Compare these documents to the CHCS Adjustment Report (^NMR) to ensure they reconcile.

(4) Select at least 10 percent of the issues (credits) since the last inventory for all controlled substances recorded on each Controlled Substance Inventory Record Report for each item stocked in the vault and verify that each entry is supported by a valid prescription. The prescription and the document number, authorized location, the name and strength of drug, and the amount issued or dispensed should be verified. In the CHCS system, the pink or green index card will serve in lieu of the prescription. (*NOTE* - Camp Casey uses Medication Refill Request form in lieu of pink/green index cards).

(5) Without referring to the amount shown in the **Balance on Hand** column of the Controlled Substance Inventory Report, count the number on hand for the respective item described on the Controlled Substance Inventory Report (see ^INR report).

(6) Referring to the Controlled Substance Inventory Report, determine if the amount physically counted for each respective drug reconciles with the amount reflected under the **Balance on Hand** column.

(7) If the amount counted for each item reconciles with the **Balance on Hand**, the inventory officer will write the amount counted next to the **Balance on Hand** column. The inventory officer will write or use a pre-printed stamp on the bottom of the Controlled Substance Inventory Report the statement, "**Inventoried and Found Correct**," the signature and rank or grade of the individual conducting the inventory.

(8) If the amount counted is different from the **Balance on Hand** for a particular product, provide the vault technician an opportunity to resolve the error, e.g., check math, check posting against prescriptions, etc. If the vault tech cannot resolve the discrepancy, write down the number counted next to the **Balance on Hand**. The inventory officer will write or use a preprinted stamp on the bottom of the Controlled Substance Inventory Report the statement, "**Per Inventory**," signature, rank or grade, and a description of the product that had a discrepancy.

(9) Include a description of any discrepancies in the final report.

(10) Obtain a total of 15 prescriptions (green and/or pink index cards) for review and comparison against entries in the SF Form 600. Medical records can be obtained from the Patient Administration area. It is not uncommon for medical records not to be available for many patients. Review those records that Patient Administration is able to obtain from the names of the 15 prescriptions obtained. Determine if the doctor made an entry on the SF Form 600 on the date of the prescription describing the prescription. If the patients' record does not reflect the prescribing by the doctor, include a statement in the final report describing the results of the prescription review, e.g., "Of 7 available patient records, 6 records correctly reflected prescribing by the doctor."

#### **4-5. Inventory of Wards, Clinics, Urgent Care Areas, Laboratories and Veterinary Clinics**

a. Contact the ward or clinic to be inventoried in advance to arrange date and time for inventory.

b. Use the list of issues and turn-ins from wards, clinics, or other activities obtained from the pharmacy and determine if the transactions were properly recorded on the respective DA Form 3949 for each item on the list.

c. Review each DA Form 3949 and DA Form 3949-1 to ensure that the forms were properly reconciled from the previous month (i.e., forms will include the statement Inventoried and Found Correct or Per Inventory with new balance.

d. Without referring to the amount shown in the **Balance** column of the DA Form 3949, conduct a physical inventory (count) of all controlled substances.

e. If no discrepancies are found, enter onto the next unused line on the DA Form 3949: date, hours, the statement, **Inventoried and Found Correct**, signature, grade, and the balance on hand as determined by the inventory.

f. If the quantity on hand was **more/less** than the recorded balance the following took place:

(1) Provide the OIC/NCOIC the opportunity to resolve the discrepancy.

(2) Enter onto the next available line on DA Form 3949 with the statement, **Per Inventory**, signature, grade, and quantity found.

g. If a DA Form 3949-1 is maintained, enter on the far right of the line the applicable date, time of shift when the inventory was conducted (Day, Evening, Night), signature, and rank or grade.

h. Inactive forms. All inactive forms that had been audited previously were collected, tagged, and returned to the medical activity headquarters or clinic OIC for proper retirement per AR 25-400-2 (2 years local, three years record storage area destroy at end of five years).

i. Include a description of all discrepancies discovered in the final report.

#### **4-6. Inventory of Unit Medical Supply/MCDM**

a. Contact the unit MSO in advance to arrange date and time for inventory.

b. Use the list of issues from USAMMC-K or the 2ID Division Surgeon's Office to verify that receipts were appropriately recorded in the unit DA Form 2064 (Document Register for Supply Actions) and the unit DA Form 1296 also shows receipt of controlled substances issued by

USAMMC-K. (**NOTE:** All units will maintain DA Forms 1296 even if the controlled substances are not stocked in the medical supply area).

c. Conduct physical inventory (count) of all controlled substances/precious metals on hand in Unit Supply Stock Controlled Substances without referring to the balance column of DA Form 1296. Referring to the appropriate DA Form 1296 for items inventoried, reconcile the amount physically counted with the amount reflected under the **Balance** column.

d. Using a calculator, the mathematical accuracy of all DA Form 1296, verifies addition and subtraction entries.

e. When the actual quantity on hand is correct, certify each DA Form 1296 by annotating the date, the statement, **Inventoried and Found Correct**, to include signature, grade, and the amount on hand.

f. When discrepancies (overages or shortages) are discovered, allow the MSO an opportunity to resolve the discrepancy. If the MSO cannot resolve the discrepancy, annotate on the next available line with the date, the statement, "**Per Inventory**," signature, grade and quantity found.

g. Notify the Unit Commander of all discrepancies.

h. Include a description of all discrepancies discovered in the final report.

i. In the event of a loss of MCDM controlled substances (i.e., CANA), unit commanders are responsible IAW AR 40-61 to initiate an AR 15-6 investigation. A copy of the AR 15-6 report will be forwarded to USAMMC-K (Attn: Commander) to account for the missing MCDM. Upon receipt of the AR 15-6 report, new material may be issued to the unit. Along with the AR 15-6 report, a document (requisition) for the amount lost will be processed by USAMMC-K with the cost for the replacement paid by the unit.

#### **4-7. Inventory Of Dental Clinics**

a. Contact the dental clinic in advance to arrange date and time for inventory.

b. Identify if the following control mechanisms are in place:

(1) Does the clinic have a physical security officer appointed in writing? If not, identify this finding in the final report.

(2) Are precious metals secured against theft, loss, or damage consistent with their monetary value and difficulty of replacement? (Supply stocks of gold alloys, silver amalgam, and chromium alloys should be kept in a safe. Reasonable quantities of these are issued to users and documented on DA Form 1296. Precious metals in use by dental laboratory technicians must be kept in the immediate work area and locked in a safe at the end of the work shift or anytime the lab technician is not physically present.)

(3) Is DD Form 2322 (Dental Lab Work Authorization) being utilized as a voucher when issuing gold for crown and bridge cases?

(4) Does the lab technician sign for receipt of precious metals from Supply?

(5) Does the NCOIC or Supply Technician verify the amount of precious metals issued to the lab technician by countersigning the DA Form 1296?

(6) Are gold casting and soldering alloys weighed and documented in pennyweight (DWT) on DA Forms 3949?

(7) Are finished products signed for by the dentist on the DD Form 2322?

(8) Is scrap precious metal destined for turn-in weighed and verified by both the lab technician and NCOIC or OIC?

(9) Is scrap precious metal being documented on a separate DA Form 1296, without a complete national stock number (only stock class used)?

(10) Is the Dental Lab Technician using DA Form 3949 to track expenditures, receipts, and on-hand balance of precious metal? (Separate DA Form 3949s must be used for each type of alloy.)

(11) Do the on-hand balances on all DA Forms 3949 reconcile with the actual balances derived from counting unopened packets of precious metal casting alloys and Solders, plus weighing what is in use?

c. Use issue documentation from USAMMC-K to verify that receipts were appropriately recorded on the document register and in the clinic DA Form 1296.

d. Without referring to the DA Form 1296, conduct a physical inventory of all precious metals and controlled items in the clinic supply area.

e. Without referring to the DA Form 3949, conduct a physical inventory of all precious metal casting alloys and solders in the dental laboratory.

f. If no discrepancies are found when the **Count** quantity was compared with the quantity recorded in the Balance column of the DA Form 1296, or when the **Count** quantity was compared with the quantity recorded in the **Balance** column of the DA Form 3949, write or stamp the statement "**Inventoried and Found Correct**", sign and date, and indicate the amount on hand on the DA Form 1296 or DA Form 3949.

g. When a discrepancy is found, and the apparent shortage/overage could not be resolved (no posting or math errors can be found), record the actual quantity as the new balance on the DA Form 1296 or DA Form 3949. Place the statement, "Per Inventory", sign (with grade), and date the DA Form 1296 or DA Form 3949.

h. If a discrepancy is found, notify the dental clinic OIC or 618th Dental Company Commander immediately.

i. include a description of all discrepancies discovered in the final report.

#### **4-8. Final Reports**

a. Inventory Officers will furnish a copy of the final report and checklists to each unit Commander/OIC and to Office of Commander, 65th Med Bde (EAMB-Z), Unit # 15281, APO AP 96205-5281, fax DSN 737-6034 not later than the 25th of the month.

b. Inventory Officers will immediately report all discrepancies to unit Commander/OIC. All discrepancies will be annotated on the final report.

**4-9. Disposition Of Records**

For those areas that do not have a system for filing/retirement of records IAW with AR 25-400-2, the inventory officer will collect all completed Controlled Substance Stock Record Cards (DA Form 1296, 3862, or 3949) which are inactive and submit with the final report. Medical Commanders/OICs will retire records IAW AR 25-400-2.

## **Appendix A References**

### **Section I. Related Publications**

AR 11-2, Managers' Internal Control Program. Cited in paragraph 1-4.

AR 15-6, Procedures for Investigating Officers and Boards of Officers. Cited in paragraphs 3-18b(1) and 4-6i.

AR 40-3, Medical, Dental, and Veterinary Care. Cited in paragraphs 1-1, 2-10b, 3-10c, 3-11a, 3-18a, appendix B and the Glossary.

AR 40-61, Medical Logistics Policies. Cited in paragraphs 1-1, 3-18a, 4-6i, appendixes B, G and the glossary.

AR 190-45, Law Enforcement Reporting. Cited in paragraph 3-12e.

AR 190-51, Security of Unclassified Army Property (Sensitive and Nonsensitive). Cited in paragraphs 3-12d, 3-16a, 3-18a and the glossary.

AR 25-400-2, The Army Records Information Management System (ARIMS). Cited in paragraphs 3-10c(7), 4-5h, 4-9 and appendix B.

### **Section II. Related Publications**

AR 190-13, The Army Physical Security Program

TC 8-800, Semi-Annual Combat Medic Skills Validation Test (SACMS-VT)

SB 8-75-S3, Department of the Army Supply Bulletin, Army Medical Department Supply Information

### **Section III. Prescribed Forms**

DA Form 1296, Stock Accounting Record

DA Form 1687, Notice of Delegation of Authority - Receipt for Supplies

DA Form 2064, Document Register for Supply Actions

DA Form 3161, Request for Issue or Turn-in

DA Form 3862, Control Substance Stock Record

DA Form 3949, Control Substances Record

DA Form 3949-1, Control Substances Inventory

DA Form 4678, Therapeutic Documentation Care Plan

DA Form 7389, Medical Record - Anesthesia

DD Form 577, Signature Card

DD Form 1289, Department of Defense Prescription

DD Form 1348-1A, Issue Release/Receipt Document

DD Form 2322, Dental Lab Work Authorization

SF Form 600, Health Record-Chronological Record of Medical Care

SF Form 700, Security Container Information

SF Form 702, Security Container Check Sheet

**Appendix B  
Sample Format for Appointment Orders**

OFFICE SYMBOL

DATE

MEMORANDUM FOR SFC JOHN DOE, SSN, UNIT

SUBJECT: Duty Appointment

1. Effective (first of month preceding month of inventory), the above named individual is appointed as Controlled Substances and Precious Metals Inventory and Audit Officer for the month of (month).

2. Authority: AR 40-3, AR 40-61, and Eighth Army Reg 40-3.

3. Purpose: To perform duties IAW the Controlled Substances and Precious Metals Inventorying Regulations.

4. Special Instructions:

a. Upon receipt of these orders, you will coordinate with and report to (See Appendix C for List of Units and Area Responsibilities) the unit Commander/OIC to receive a comprehensive briefing on the inventory process.

b. You are responsible for inventorying the following Unit(s): (list units)

c. Inventory checklists for specific types of units/areas (i.e. Pharmacy, Wards/Clinics, Dental, Veterinary, MEDLOG, Medical Supply) are available as appendixes in EAMC Reg 40-7. You will complete a checklist for each area inventoried and submit it with your final report.

d. You must complete your inventories between the 1st and 10th of the month. Completed checklists and the endorsement will be furnished to unit Commanders/OICs NLT the 25th of the month. A copy will be forwarded to the Office of Commander, 65th Med Bde (EAMB-Z), Unit # 15281, APO AP 96205-5281, fax DSN 737-6034 not later than the 25th of the month.

FOR THE COMMANDER:

Signature Block

## **Appendix C**

### **List of Units and Area Responsibilities**

#### **AREA I**

##### Camp Casey Enclave

629th Medical Company (AS), Camp Casey Health Clinic  
560th Medical Company (GA), Camp Casey Health Clinic  
618th Dental Company, Camp Casey Dental Clinic  
1/72 AR / 2-9 IN Aid Station, Camp Casey  
Combined Troop Aid Station, Camp Casey  
Hovey Combined Troop Aid Station, Camp Hovey

##### Camp Red Cloud Enclave

629th Medical Company (AS), Camp Red Cloud TMC  
560th Medical Company (GA), Camp Red Cloud TMC  
618th Dental Company, Camp Red Cloud Dental Clinic  
129th Medical Detachment (VS), Camp Red Cloud Vet Clinic

##### Camp Stanley

629th Medical Company (AS), Camp Stanley TMC  
560th Medical Company (GA), Camp Stanley TMC  
618th Dental Company, Camp Stanley Dental Clinic  
1-38 FA Aid Station, Camp Stanley  
6-37 FA Aid Station, Camp Stanley

#### **AREA II**

##### Yongsan

135th Forward Surgical Team (FST)  
121st Combat Support Hospital Pharmacy  
121st Combat Support Hospital Intensive Care Unit (ICU)  
121st Combat Support Hospital Multicare Unit (MCU)  
121st<sup>t</sup> Combat Support Hospital Women and Infant Care Unit (WICU)  
121st Combat Support Hospital Psychiatry Ward (N2B)  
121st Combat Support Hospital Oral Surgery Clinic  
121st Combat Support Hospital Emergency Room  
121st Combat Support Hospital Anesthesia Service  
121st Combat Support Hospital Pathology/Laboratory  
129th Medical Detachment (VM), Yongsan Veterinary Clinic  
USAHC Yongsan Pharmacy  
618th Dental Co (AS), USADC #2, Yongsan  
618th Dental Co (AS), USADC #3, Yongsan  
618th Dental Co (AS), Carius DC, Yongsan

##### Songnam Garrison

K-16 (U.S. Army Aid Station, Songnam)

##### Suwon Airbase

143rd ADA Aid Station, Suwon Airbase

### **AREA III**

#### Camp Humphreys

568th Medical Company (GA), Camp Humphreys Clinic  
75th Medical Company (AS), Camp Humphreys Clinic  
215th Optometry Detachment, Camp Humphreys Clinic  
95th Blood Support Detachment, Camp Humphreys Clinic  
618th Dental Company, Camp Humphreys Dental Clinic

### **AREA IV**

#### Camp Carroll

75th Medical Company (AS) , Camp Carroll TMC  
563rd Medical Company (LOG), Camp Carroll  
95th Blood Support Detachment, Camp Carroll TMC  
618th Medical Company, Camp Carroll Dental Clinic  
129th Medical Detachment (VM), Camp Carroll Veterinary Clinic

#### Camp Walker and Daegu

75th Medical Company (AS), Camp Walker Health Clinic  
154 PM Detachment, Camp Walker Health Clinic  
215th Optometry Detachment, Camp Walker Health Clinic  
618th Dental Company (AS), Camp Walker Dental Clinic

**Appendix D  
Sample Final Report Form**

Letterhead of Inventory Officer (if available)

OFFICE SYMBOL of Inventory Officer

DATE

MEMORANDUM FOR COMMANDER

SUBJECT: Monthly Inventory/Audit of Controlled Substances and Precious Metals for (month/year)

1. The monthly controlled substance inventory was completed on (date) for the following areas:  
List areas (e.g.).

Hovey Dispensary, Camp Hovey  
Combined Troop Aid Station, Camp Casey  
1/72 AR Aid Station, Camp Casey

2. The following areas reported no possession of controlled substances or precious metals: (list - include this paragraph only if applicable).

3. Discrepancies were \_\_\_ were no \_\_\_ found. If discrepancies were found, they are listed below by unit and activity with explanation (if available).

a. Camp Casey Health Clinic Pharmacy: An extra acetaminophen with codeine #3 was discovered. It came from the manufacturer that way. See attached MFR from pharmacy staff.

b. 618th Dental Co (AS), USADC-Camp Casey: An extra unit of \_\_\_ was discovered. See attached MFR from dental clinic staff.

4. Recommendations/Remarks: List any problems, recommendations, or issues that should be addressed by the appointing authority or EA Pharmacy Consultant.

5. I the undersigned, certify that I have conducted my duties IAW guidance provided by EA Reg 40-3. Include telephone number of inventory officer and attach copy of orders.

Signature Block of Inventory Officer

**Appendix E**  
**Sample USAMMC-K (MSO) Controlled Substances Issue Report**

USAMMC-K, Unit #15479

Monthly Issue of Medical Controlled Substances  
 28/03/03  
 (9928)

Stock Number	Nomenclature	UI	QTY	DODAAC	Date/Ser	IPD	Dt Issue	Unit
6505001335443	Valium 5 mg	BT	4	W80MAX	92902221	12	02/11/00	121GH
6505012395493	Midazolam 10 mg	PG	1	W80MAX	92392221	12	02/11/00	121GH
6505001049000	Alcohol 5 gals	DR	2	W80MAX	93302221	12	02/11/00	121GH
6505001187151	Dexedrine 5 mg	BT	24	W80MAX	93022222	12	02/24/00	121 GH
6505012395493	Midazolam 10 mg	BT	1	W80MAX	93023322	12	02/24/00	121 GH
6505001049000	Cocaine 100%	BT	2	W80MAX	93023623	12	02/24/00	121 GH

**Appendix F  
Controlled Substances (Representative Examples)**

NOTE R (Schedule II) (Representative Examples - Not an Exhaustive List)

<u>FEDERAL STOCK #</u>	<u>ITEM</u>	<u>ACCOUNTABLE UNIT</u>
6505-00-104-9000	Alcohol, 95%	ml
6505-00-105-0000	Alcohol, Dehydrated, 473 ml	ml
6505-01-209-0701	Alcohol Ethyl Injection, 50ml	ml
6505-01-272-2037	Alfentanil Injection 500mg/ml, 2ml, 10s	ml
6505-01-173-7038	Cocaine Powder, 5gm, bt	gm
6505-01-212-3155	Cocaine Solution, 4%, 4ml 5s	bottle
6505-01-266-3758	Cocaine Solution, 10, 4ml, 5s	bottle
6505-00-118-2132	Codeine Sulfate Tablets, 30mg, 100s	tablet
6505-01-215-0945	Codeine Tablets 32mg, 25s	tablet
6505-00-106-8715	Dextroamphetamin Capsules, 15mg, 50s	capsule
6505-00-769-2090	Dextroamphetamine Tablets, 5mg, 100s	tablets
6505-01-073-1316	Fentanyl Injection, 0.5mg/ml, 2ml	ampule
6505-01-010-4170	Fentanyl Injection, 0.5mg/ml, 5ml	ampule
6505-00-687-4035	Hydromorphone Tablets 2mg, 100s	tablet
6505-00-855-6984	Meperidine Injection, 100mg/ml, 1 ml, 10s	syringe
6505-00-855-6979	Meperidine Injection, 50mg/ml, 1 ml, 10s	syringe
6505-00-126-9375	Meperidine Tablets, 50mg, 100s	tablet
6505-01-128-2441	Methadone Tablets, 10mg, 100s	tablet
6505-01-160-4201	Methylphenidate SR, Tablets 20mg, 100s	tablet
6505-00-269-5837	Methylphenidate Tablets, 10mg, 100s	tablet
6505-00-812-2596	Morphine Injection, 10mg/ml, 1 ml, ampule	ampule
6505-01-204-5419	Morphine Injection, 1 mg/ml, 10ml, 10s	ampule
6505-01-255-4420	Morphine Tablets CR, 30mg, 100s	tablet
6505-01-110-7196	Morphine Oral Solution, 10mg/5 ml, 500ml	tablet
6505-01-230-6241	Morphine Injection P.C.A. 1 mg/ml, 30ml	ml
6505-01-323-2650	Morphine Suppositories, 30mg, 12s	ea
6505-01-210-4450	Oxycodone/Acetaminophen Capsules, 100s	capsule
6505-01-082-5509	Oxycodone/Acetaminophen Tablets, 100s	tablet
6505-01-211-6803	Oxycodone/Acetaminophen UD,250s	tablet
6505-00-132-3030	Paregoric, Pints	ml
6505-00-133-5489	Pentobarbital Injection, 50mg/ml, 2ml	syringe
6505-00-140-3050	Secobarbital Capsules, 100mg, 100s	capsule
6505-00-140-3100	Secobarbital Capsules, 100mg, 500s	capsule
6505-01-194-7256	Sufentanil Injection, 2ml,	ampule
6505-00-118-1096	Thiamylal Sodium Injection 5 grams	bottle
6505-00-117-9204	Thiopental Injection, 1 gram, each	bottle
6505-01-003-5343	Thiopental Injection, 5 gram, each	bottle
6505-01-287-9652	Acetaminophen/Codeine Elixir, 15ml, 100s	ea
6505-00-372-3032	Acetaminophen/Codeine Tablets,	tablet
6505-01-086-2993	Acetaminophen/Codeine Tablets	tablet
6505-01-140-3199	Alprazolam, 0.5mg	tablet
6505-00-149-0116	Aspirin/Codeine Tablets (Ascodeen), 1000s	tablet
6505-00-067-4551	Chloral Hydrate Syrup, 473ml	ml
6505-00-926-8843	Chlordiazepoxide Injection, 100mg,	ampule
6505-01-170-7564	Chlordiazepoxide, 25mg, Capsule, 500s	capsule

6505-01-055-5071	Clonazepam, 1 mg Tablets, 100s	tablet
6505-01-153-4377	Chlorazepate Tablets 7.5mg, 100s	tablet
6505-01-348-8197	Diazepam Conc. Oral Sol 5mg/ml 500ml	bottle
6505-00-137-5891	Diazepam Injection, 10mg/2ml, Syringe	syringe
6505-00-118-1914	Diphenoxylate & Atropine Tablets, 100s	tablet
6505-01-219-1083	Fiorinal Tablets, Unit Dose, 100s	tablet
6505-01-041-7281	Fluoxymesterone Tablets 5mg, 100s	tablet
6505-00-400-7294	Flurazepam Capsules, 30mg, 500s	capsule
6505-01-098-0221	Guaifenesin & Codeine Syrup, 4oz	ml
6505-01-339-1909	Ketamine HCL INJ 10s	pg
6505-01-062-8008	Lorazepam Tablets, 2mg, 100s	tablet
6505-01-178-9760	Lorazepam Injection, 2mg/ml, ampule	ampule
6505-01-153-3300	Methohexital Sodium Injection, 500mg/ml, 50ml	ampule
6505-01-354-6033	Methyltestosterone Tablets, 10mg, 100s	tablet
6505-01-272-1975	Midazolam Injection, 1 mg/ml, 5ml	pg
6505-01-239-5493	Midazolam Injection, 5mg/2ml, Syringe	pg
6505-01-147-9537	Novahistine w/ Codeine Expectorant, 4oz	ml
6505-00-961-7455	Oxazepam Capsules, 15mg, 500s	capsule
6505-01-219-6333	Pemoline Tablets, 18.75mg, 100s	tablet
6505-01-148-7011	Pemoline Tablets, 37.5mg, 100s	tablet
6505-00-559-4819	Phenobarbital Elixir, 20mg/5ml, Pint	ml
6505-01-205-2393	Phenobarbital Injection, 130mg/ml, 1 ml	ml
6505-01-055-5249	Phenobarbital Tablets, 30mg, 100s	tablet
6505-00-118-1207	Propoxyphene HCl Capsules, 65mg, 100s	capsule
6505-00-212-6109	Propoxyphene Napsylate/Aspirin tablets, 500s	tablet
6505-01-147-9462	Temazepam Capsules, 15mg, 100s	capsule
6505-01-116-0482	Temazepam Capsules, 30mg, 500s	capsule
6505-00-687-4484	Terpin Hydrate/Codeine Elixir, 4oz	ml
6505-01-207-8246	Testosterone Enanthate Inj, 200mg/ml, 10ml	ml
6505-01-161-5036	Triazolam Tablets, 0.25mg, 100s,	tablet

**Appendix G  
Precious Metals**

IAW AR 40-61, paragraph 3-65a, standard precious metals will be handled in the same manner as Note R drugs. Monthly inventories and audits by a disinterested Officer/NCO are required. Chromium based metals are identified as Note Q items.

Precious metals used by dentists fall into two basic groups: pre-encapsulated silver amalgam and casting/brazing alloys. The first group is intuitively easy to track - it's just like counting pills. The second is a bit more problematic, since the unit of issue is altered in use and becomes unquantifiable, in terms of its original form. Thus, the only accurate way to track casting/brazing alloys is by weight. Inventory of casting/brazing alloys is by weight for the metal that is in active use by the lab tech because what he/she has in his/her control at any given time is a combination of unopened packets of new alloy as received from the manufacturer and metal that is excess from a prior casting (precious metals traditionally use units such as troy ounces and pennyweights). The casting of a crown or other fabrication from precious metals is done by an investment casting technique that always requires an excess of metal to be used. This excess solidifies in the channels that lead to the casting pattern in the investment. It is impossible to successfully cast a crown without using an excess of metal. The excess is cut off by the lab tech and recycled back into his/her working supply. The crown is weighed right after being separated from the excess metal so its weight can be subtracted from the running balance on the DA Form 3949.

Below is a non-exhaustive list of precious metals that have been stocked in Eighth Army dental units.

<u>FEDERAL STOCK NUMBER</u>	<u>ITEM</u>	<u>ACCOUNTABLE UNIT</u>
<u>Casting/brazing alloys - note that DWT is acronym for pennyweight</u>		
6520-00-580-5650	Brazing Alloy, 730 Fine	DWT
6520-00-580-5450	Brazing Alloy, Gold	DWT
6520-00-145-0176	Gold Alloy, Casting, Dental	DWT
6520-00-145-0350	Gold Alloy, Casting, Soft	DWT
6520-00-580-2550	Platinum Foil	DWT
<u>Pre-encapsulated silver amalgam</u>		
6520-01-144-5283	Silver Alloy, Capsules, 500s	EA
6520-01-070-0443	Silver Alloy, 500s	EA
6520-01-131-7925	Silver Alloy, 600mg, 500s	EA
6520-01-144-5282	Silver Alloy/Mercury, 500s	EA

**Appendix H  
Points of Contact**

<b>65th Med Bde Pharmacy Consultant</b> .....	737-7485
<b>65th Med Bde Dental Consultant</b> .....	736-7715
 <b>USAMMC-K</b>	
Vault Item Manager .....	765-4385
Pharmacy Officer .....	765-8340
MCDM Manager .....	765-4909
Accountable Officer .....	765-7554
 <b>2ID Division Surgeon Logistics Office</b> .....	
Brigade Medical Supply Office .....	732-7903
	730-3870/3872
 <b>Brian Allgood Army Community Hospital</b>	
Pharmacy Chief .....	737-7485
NCOIC .....	737-7988
Main Vault .....	737-7927
Inpatient Pharmacy .....	737-4633/3055
 <b>168th Multifunctional Medical Battalion</b>	
Camp Red Cloud Health Clinic Pharmacy .....	732-7363
Camp Casey Health Clinic Pharmacy .....	730-4330
Camp Stanley Health Clinic Medication Storage Area.....	732-5313
Yongsan Troop Health Clinic Pharmacy .....	725-3811
Camp Humphreys Health Clinic Pharmacy .....	753-8125
Camp Walker Health Clinic Pharmacy .....	764-5948
Camp Carroll Health Clinic Pharmacy .....	765-8550

## Appendix I

### Composite Health Care System (CHCS) Procedures for Controlled Substance Reports

(Contact 121 GH pharmacy CHCS coordinator at 737-7432 for additional guidance)

#### I-1. Controlled Substance Inventory Report (see INR menu)

##### ^INR (Inventory Reports)

- After logging on to CHCS, enter "INR, then enter A for (Alphabetic)
- Vault Name - enter correct vault name (e.g., MAIN VAULT)
- Printer: printer name; 132
- The INR report is run every day to support daily, weekly, and disinterested officer monthly inventories. As this report serves in lieu of a DA Form 3862, it will be maintained on site for a period of two years and sent to a record holding area for three additional years.

#### I-2. Adjustment Report/Controlled Drug Movement Report

##### ^NMR menu (Narcotic Movement Report)

- \*This may be a long report (several pages) depending on the amount of activity.
- The adjustment report is run to help resolve discrepancies that are identified in any daily, weekly, or monthly report.

#### 1-3. Controlled Issue Report

##### ^SIR menu (Single Item Report)

- Select (L) (Location). This report provides a listing of all issues to the various locations receiving bulk issues from the pharmacy, e.g., wards, anesthesia, ER. The report will be run monthly and provided to controlled substance inventory officer to serve as evidence of issues they need to reconcile on their inventory process.

#### 1-4. Controlled Substance Inventory Record Report

##### ^STR menu (Transaction Reports).

- This option allows sorting of detailed transactions according to (D)rug, (I)ssue, (P)rescription, or (S)upply Vouchers. The STR menu should be used to assist in compilation of reports for the investigation of any discrepancies.

#### 1-5. Supply Vouchers Report

##### ^SVR (Supply Vouchers Report).

- Select (R- Receipts). Print this report to verify receipts from USAMMC-K or other issuing activity.

## **Appendix J Internal Control Procedures**

The purpose of this checklist is to help evaluate the key management controls listed below:

J-1. Is there an access roster to the pharmacy and to the vault or controlled substance storage areas?

J-2. Is there a secured container roster on vault/controlled substance storage area and is there indication that it is being used?

J-3. Does pharmacy have DA Form 1687s on hand for individuals who can sign to order and receive ward or clinic stock of controlled substances?

J-4. Does pharmacy have signature cards on file for prescribers (DD Form 577).

J-5. Is access to adjustments in CHCS limited to a few individuals?

J-6. Are memorandums or other supporting documents (e.g., DA Form 3161s) to support adjustments to CHCS?

J-7. Is there evidence that daily inventories are conducted on items with movement and weekly inventories of all vault items?

J-8. Is there a Key Control Person Appointed?

J-9. Is there a key and combination control standing operating procedure?

J-10. Is there documentation of locks or combinations changed upon departing personnel?

J-11. Is there key control sign-in and sign-out record?

J-12. Does the pharmacy have documentation exist of a physical security survey conducted at least every 12 months?

J-13. Is the door to the Pharmacy kept locked at all times?

J-14. Is SF 702 (Security Container Check Sheet) used to record opening and closing of the Pharmacy?

J-15. Is the Pharmacy designated and posted "LIMITED ACCESS AREA"?

J-16. Do nursing wards and clinics properly maintain DA Forms 3949 and 3949-I?



## **Glossary**

### **Section I. Abbreviations**

CANA	Convulsant Antidote for Nerve Agent
CHCS	Composite Health Care System
DEA	Drug Enforcement Agency
EA	Eighth Army
IAW	In Accordance With
ID	Identification Card
MCDM	Medical Chemical Defense Material
MEDCOM	Medical Command
MEDEVAC	Medical Evacuation
MFR	Memorandum for Record
MCDM	Medical Chemical Defense Material
MRO	Material Release Order
MSO	Medical Service Office(r)
MTFs	Medical Treatment Facility (ies)
NCOIC	Noncommissioned Officer in Charge
NLT	Not Later Than
OIC	Officer in Charge
SSN	Social Security Number
Rx	Prescription
RN	Registered Nurse
SVR	Supply Voucher Report

## Section II. Terms

**Controlled substances** - drugs, precursors, or other substances so designated by the Federal Drug Enforcement Agency (DEA) and assigned to one of five schedules according to the abuse potential and degree of control required. The Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 classify them as Schedules I, II, III, IV, and V. The Code of Federal Regulations are routinely amended as new agents requiring federal controls are introduced into clinical practice. Additional items may be designated controlled substances by the commander and handled either as Schedule II or Schedules III-V with reference to record keeping and physical security requirements according to AR 40-61 and AR 190-51. A list of controlled substances stocked at the 121st General Hospital, Department of Pharmacy, is updated by the Eighth Army (EA) Pharmacy and Therapeutics (P&T) Committee, as needed. Definitions of each of the controlled substance categories follow:

- Schedule I substances are drugs that have no accepted medical use in the United States.
- Schedule II substances are drugs that have a high abuse potential with severe psychic or physical dependence liability. Standard drugs in this schedule are identified by Note R (examples include Codeine, Demerol, Morphine, Tylox, Percocet, and Fentanyl).
- Schedule III substances are drugs that have an abuse potential less than those in Schedule I or II. Standard drugs in this schedule are identified by Note Q (examples include Tylenol #3).
- Schedule IV substances are drugs that have an abuse potential less than those in Schedule III. Standard drugs in this schedule are identified by Note Q (examples include Xanax, Darvocet-N, Valium and Restoril).
- Schedule V substances are drugs that have an abuse potential less than those in Schedule IV. Standard drugs in this schedule are identified by Note Q (examples include Robitussin AC and Acetaminophen with Codeine elixir).  
Note "R" refers to controlled substances classified as Schedule II and substances containing ethyl alcohol.
- Note "Q" refers to controlled substances classified as Schedule III, IV and V  
Composite Health Care System (CHCS) - the current automation system deployed hospital wide and throughout EA treatment facilities used to maintain outpatient medication dispensing information. CHCS provides an approved automated accounting record as defined in AR 40-3.

**Double witnessing of controlled substances wastage** - is defined as two people (including the person wasting the drug) acknowledging observance of the wastage, by documenting their signatures on DA Form 3949. Both people must be health care professionals authorized to administer and sign for controlled substances. Individuals authorized to administer and sign for controlled substances includes registered nurses and practical nurses (68Ws) who have completed an approved DD Form 577 (Signature Card) which is on file in the pharmacy vault.

**Single dose** - Any ampule, vial, syringe, etc. labeled as single dose.