

FREE EDITION

The Controlled-Substance Log Kit

The best paper drug log ever made, and why we built software to replace it.

Inside:

- Daily inventory sheets (Schedule II, and Schedules III to V)
- Per-patient dispensing and administration log
- Transfer log for multi-location practices
- Biennial inventory sheet
- 10-point audit-readiness self-check

How to use this kit

1. Print it and keep it by the safe.

Print every page. Put the pages in a binder. Keep the binder where you keep the drugs.

2. Keep Schedule II on its own sheet.

Use the Schedule II sheet only for Schedule II drugs, like fentanyl. Use the Schedules III to V sheet for the rest, like Versed. Keep the two sheets separate. Do not mix them. (21 CFR 1304.04)

3. Fill in one line per drug, every day you use drugs.

Start with what you have. Add what came in. Write what you gave and what you wasted. Count what is left. Two people initial each line: the one who counted, and a witness.

4. Fill in one line per patient.

Use the dispensing log. Write the date, the patient's name, address, and date of birth, the drug, how much you gave, and how much you wasted. The person who gave the drug signs. (21 CFR 1304.21 and 1304.22) A witness initials. The witness is our advice, not a federal rule. Your state may ask for one.

5. Moving drugs between your offices? Log both ends.

Use the transfer log. The sending office initials. The receiving office initials. Each registered location keeps its own records. Write the other location's address and DEA registration number. Moving Schedule II stock between two registered locations is a distribution under federal rules and also needs a DEA Form 222 or a CSOS order (21 CFR 1305.03). This log does not replace that form.

6. Every two years, count everything.

Use the biennial inventory sheet. Do a real, physical count. Mark if you counted at opening or close of business. Exact counts for Schedule II. Sign and date it. (21 CFR 1304.11)

7. Keep records for at least two years, at each location.

An inspector can ask to see them. You should be able to pull them up fast.

8. Once a month, run the self-check.

It is the last page before the back cover. Ten questions. If you cannot check one, fix it this week.

State boards add requirements, for example Missouri BNDD registration. Verify yours.

This kit is a recordkeeping aid, not legal advice. Verify requirements with your state board and compliance counsel. Field layouts reflect DEA 21 CFR 1304.11, 1304.21 and 1304.22, and 1304.04.

Daily Inventory Sheet: Schedule II

One line per drug, per day. Keep this sheet separate from Schedules III to V records.

[illegible]

Daily Inventory Sheet: Schedules III to V

One line per drug, per day. Keep this sheet separate from Schedule II records.

Date	Drug name / strength / form (e.g., fentanyl 50 mcg/mL inj.)	Beginning balance	Received (shipment / transfer in)	Dispensed / administered	Wasted	Ending balance	Counted by (initials)	Witness (initials)

Dispensing / Administration Log

One line per patient. Fill it in right after the case, while you are still by the drug box.

Date	Patient name	Patient address	Date of birth	Drug name / strength / form	Qty administered	Qty wasted	Administered by (name / initials)	Witness (initials)

Dispensing / Administration Log

One line per patient. Fill it in right after the case, while you are still by the drug box.

Date	Patient name	Patient address	Date of birth	Drug name / strength / form	Qty administered	Qty wasted	Administered by (name / initials)	Witness (initials)

Transfer and Receipt Log

For practices operating at multiple registered locations. Both ends initial every move.

Date	Drug name / strength / form	Quantity	From (location, address, DEA reg. no.)	To (location, address, DEA reg. no.)	DEA Form 222 or CSOS no. (Sch. II)	Sent by (initials)	Received by (initials)

Date taken: _____ Inventory taken at: ☐ Opening of business ☐ Close of business

[illegible]

Inventory taken by (signature): _____ Date: _____

Witness (signature): _____ Date: _____

10-Point Audit-Readiness Self-Check

Run this once a month. Every box you cannot check is a record an inspector can ask for.

- ☐ 1. Biennial inventory taken within the last 2 years, and dated?
 - ☐ 2. Every administered dose logged with patient name, address, DOB, drug, and quantity?
 - ☐ 3. Waste documented for every partial dose, with a witness?
 - ☐ 4. Schedule II records kept separate from Schedules III to V?
 - ☐ 5. Records kept AT each registered location?
 - ☐ 6. Every receipt or shipment traceable to an invoice or DEA Form 222?
 - ☐ 7. Transfers between locations documented on both ends?
 - ☐ 8. Running balances reconcile against physical counts?
 - ☐ 9. Records readily retrievable for an inspector? Minimum 2-year retention (some states longer).
 - ☐ 10. Two sets of initials (administrator plus witness) on daily entries?
-

Scored under 10?

Fix the open items this week, not this quarter. In an inspection, each missing record can be its own violation.

This kit is a recordkeeping aid, not legal advice. Verify requirements with your state board and compliance counsel.

Why we gave this away

A Pennsylvania oral surgeon paid \$120,000 in civil penalties over recordkeeping. No diversion or patient harm was alleged. Each missing or inaccurate record can count as its own violation, with a federal penalty of up to \$19,246.

This kit keeps you organized. Software makes it automatic: entries lock with an audit trail, the math does itself, and any date range prints on demand if an inspector walks in.

See it in 15 minutes: tutelarx.com/demo

TutelaRx Drug Log

\$250 / month

The digital controlled-substance log. Locked entries. Witness sign-off. Audit-ready reports.

TutelaRx Referral CRM

\$350 / month

Referring offices send patients through their own portal. You track every case on one board.

Drug Log + Referral CRM bundle

\$500 / month

Both modules. Referral data pre-fills the drug log.

Per practice, all locations included. Month to month. BAA included. \$1,000 white-glove setup, waived with an annual commitment.

Built with a Missouri oral surgery practice.

“Zero end-of-day paperwork, and I mean zero.”

Dr. Eric Egan, Odyssey Oral Surgery & Sedations

tutelarx.com