Cedar Hollow Animal Hospital

CONTROLLED SUBSTANCE COMPLIANCE PROGRAM

COMPLETED EXAMPLE

Controlled Substance Storage & Physical Security Standard Operating Procedure

> **This is a worked example, filled in end to end.** Cedar Hollow Animal Hospital is a fictional practice — the details below are illustrative, and exist so you can see exactly what belongs in each field before you write your own. One of 15 SOPs in the Vet Compliance HQ DEA Controlled Substance Compliance System.

Highlighted Every highlighted value is practice-specific — these are the parts you replace with your own. Everything else is the standard procedure text and can stay as written.

Practice name	**Cedar Hollow Animal Hospital**
SOP number	CS-04
Title	Controlled Substance Storage & Physical Security
Version	1.0
Effective date	**2 March 2026**
Prepared by	**Maria Alvarez, Practice Manager**
Approved by	**Dr. James Whitfield, DVM — DEA registrant**
Next review date	**2 March 2027** (reviewed at least annually)

1. Purpose

This SOP defines how **Cedar Hollow Animal Hospital** physically stores and secures controlled substances (Schedules II–V) to prevent theft, loss, and diversion, and to meet the DEA's physical-security requirement for a practitioner registrant. Storage is one of the most common areas of DEA inspection findings — and one of the easiest to get right once the actual standard is clear.

2. Scope

Applies to **all** controlled substances in Schedules II–V held at the practice's DEA-registered location, and to **all staff** who access, handle, transport, or are responsible for them. Covers the storage container, workday handling, access control, spot checks, opening/closing, emergency access, and escalation.

3. Regulatory basis

- **21 CFR 1301.75(b)** — a practitioner must store Schedule II–V controlled substances in a **"securely locked, substantially constructed cabinet."**

- **21 CFR 1301.71(a)** — every registrant must provide **effective controls and procedures to guard against theft and diversion**; the DEA judges overall security in context.
- **21 CFR 1301.72** — detailed physical-security requirements (safes, vaults, alarms) apply to **non-practitioner** registrants, **not** a veterinary practice. (A few exotic substances — carfentanil, etorphine, diprenorphine, thiafentanil — require a Class V container; these are not stocked by a general practice.)
- **State law can be stricter** — verify with your state veterinary/pharmacy board.

4. Definitions

- **Securely locked, substantially constructed cabinet:** a solid, lockable cabinet that cannot be readily pried open, lifted away, or defeated, kept locked when not in active use.
- **Controlled-substance custodian:** the staff member with day-to-day responsibility for storage security, keys/codes, and spot checks.
- **Backup custodian:** the designated alternate when the custodian is unavailable.
- **Authorized personnel:** staff specifically approved in writing to access controlled substances.

5. Responsibilities

- **DEA registrant / practice owner — Dr. James Whitfield, DVM:** accountable for storage security; approves the Authorized Personnel List **in writing**; ensures the cabinet and controls meet this SOP.
- **Controlled-substance custodian — Maria Alvarez, Practice Manager:** maintains the cabinet, controls keys/codes, performs spot checks, and escalates concerns.
- **Backup custodian — Dana Reyes, Lead Veterinary Technician:** covers when the custodian is unavailable.
- **Veterinarians & technicians:** follow this SOP; keep the cabinet locked; never leave controlled substances unattended.
- **All staff:** report any trigger in §6.7 immediately.

6. Procedure

6.1 The storage cabinet — the standard, and this site

The standard: store all Schedule II–V controlled substances in a **securely locked, substantially constructed cabinet**, solidly built (not a flimsy box or a drawer that merely closes). Schedule II may share the cabinet with III–V — there is no separate, heavier *storage* standard for Schedule II in a practitioner setting. (Schedule II *records* are kept separate — see CS-07.)

Completed for this practice — this is what makes it defensible:

Cabinet location / room	**Treatment room, north wall, inside the locked pharmacy alcove**
Cabinet type / description	**12-gauge steel double-door cabinet, wall- and floor-anchored**
Lock mechanism	**Dual lock — keyed deadbolt plus 6-digit keypad**
Anchored or in a restricted room?	**Both — lag-bolted to wall studs and floor slab, inside a locked alcove**
Cameras / alarm covering the area	**Ceiling camera over the alcove; premises alarm armed outside opening hours**

6.2 During the workday (where most findings happen)

- Keep the cabinet **locked whenever a staff member is not actively retrieving a substance.**
- **Never leave controlled substances unattended** outside the cabinet — not on a counter, cart, exam room, or unlocked drawer.
- Keep drugs in use under the **direct control** of an authorized person; return them to the locked cabinet promptly.
- Keep only the **minimum necessary quantity** on hand.
- Keep the storage area **not accessible to clients or unsupervised visitors.**

6.3 Access control

- Limit access to the **minimum number** of specifically authorized staff; maintain a **written Authorized Personnel List**.
- **Access is granted only in writing** by the DEA registrant/owner.
- **Review the Authorized Personnel List at least quarterly**, and whenever staffing changes.
- **Keys, combinations, and codes are never shared**; track who holds each.
- **Temporary access** (e.g., relief staff) requires **supervision** by an authorized person.
- **Revoke access immediately** on termination or role change, and **change the affected codes/locks the same day.**
- A **lost key or a shared/compromised code triggers an immediate lock/code change** and an incident record.
- *(See CS-03 Key Control & Access and CS-02 Personnel Screening for full detail.)*

6.4 Spot checks, after-hours & emergency access

- **Spot checks:** the custodian performs spot checks **weekly, each Monday morning** — comparing selected physical stock to the controlled-substance log (CS-07) and recording **date, item, expected qty, actual qty, reviewer, and resolution.** Any unresolved discrepancy is escalated immediately (§6.7).
- **After hours:** the cabinet stays locked and the building secured; after-hours access is limited to **the practice owner, the controlled-substance custodian, and the on-call DVM**.
- **Emergency access:** if a controlled substance is needed when the custodian is unavailable, the **backup custodian** (§5) or an **authorized DVM** may access it. **Document every emergency access** (who, what, quantity, when, why), with **two-person verification wherever a second authorized person is on site**.

6.5 Opening & closing checklist (daily control)

At opening and close of business, the responsible staff member confirms:

- ☐ Cabinet **locked**; nothing left outside it.
- ☐ Any **waste / partial doses** handled per CS-09 (witnessing) and CS-11 (disposal).
- ☐ **Keys/codes** returned or secured.
- ☐ **Alarm set / building secured** (closing).
- ☐ Any **discrepancy escalated** before leaving.

6.6 Don't overspend — the bolt-down/safe myth

You do **not** need a safe, a bolted-down cabinet, or a minimum-weight container for ordinary veterinary controlled substances — those rules apply to **non-practitioners** (21 CFR 1301.72) and a few exotic substances you don't stock. A heavier safe is permitted and may be sensible, but it is **not federally required** — and a flimsy locked drawer is **not** acceptable. Spend on a genuinely substantial, securely locked cabinet and on disciplined daily practice.

6.7 Report immediately (escalation triggers)

Any staff member must report to the custodian or registrant **at once** on observing:

- An **unlocked cabinet** · a **missing** vial/tablet/bottle · a **broken lock** · a **lost key** or shared/compromised code · **unauthorized access** · signs of **tampering** · a **quantity discrepancy** at a spot check or inventory.

A theft or significant loss carries **firm DEA deadlines** — follow **CS-13 (Theft, Loss & Discrepancy Reporting)** immediately.

7. Records generated & retention

The **Authorized Personnel List**, **key/code assignment log**, **spot-check log**, and **access/incident records**. Retained for **at least two years** at the registered location, available for DEA inspection (21 CFR 1304.04); longer where state requirements are stricter.

8. Related SOPs & forms

- **CS-07** Recordkeeping & the CS Log · **CS-09** Witnessing & Documenting Waste · **CS-11** Disposal & Destruction · **CS-13** Theft, Loss & Discrepancy Reporting · **CS-03** Key Control & Access · **CS-02** Personnel Screening & Authorized Access
- **Forms:** Authorized Personnel List · Key/Code Assignment Log · Spot-Check Log · Opening/Closing Checklist

9. Training & acknowledgment

Every staff member granted access must be **trained on this SOP before access is granted**, and must sign the **Master Training Acknowledgment Form** confirming they were trained on and understand it. Re-training and re-acknowledgment occur annually and whenever this SOP is revised.

10. Revision history

Version	Date	Change	By
1.0	2 March 2026	Initial issue	Maria Alvarez

This is an educational compliance resource provided by Vet Compliance HQ. It is not legal advice, and Vet Compliance HQ is not a law firm. Cedar Hollow Animal Hospital is a fictional practice used for illustration. A documented system makes a practice more defensible, not bulletproof. DEA and state requirements change and vary by state — verify current requirements with the DEA and your state veterinary board before relying on this document.