

# Controlled Substance Storage & Physical Security — Standard Operating Procedure

FREE SAMPLE SOP — Vet Compliance HQ DEA Controlled Substance Compliance System.

This is one of 15 SOPs in the full system. Editable: replace every **[bracketed]** field with your practice's details, and add your clinic name + logo in the header.

Practice name	[Your Practice Name]
SOP number	CS-04
Title	Controlled Substance Storage & Physical Security
Version	1.0
Effective date	[Date]
Prepared by	[Name / title]
Approved by	[DEA registrant / practice owner]
Next review date	[Date — review at least annually]

## How to complete this SOP (before first use)

This is a template — complete it so it reflects **your** practice before you adopt it:

1. Fill the **header block** above (practice name, dates, prepared/approved by, the DEA registrant), and add your **clinic logo and name in the page header**.
2. Assign an **owner** responsible for the annual review.
3. Complete the **site-specific storage details** in §6.1 (your actual cabinet, location, locks, alarms, after-hours access).
4. Name your **controlled-substance custodian** and a **backup custodian** (§5, §6.4).

Every **[ bracketed ]** field marks something to complete. A completed, practice-specific SOP is far more defensible in an inspection than a generic one.

## 1. Purpose

This SOP defines how **[Your Practice Name]** 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(s), 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 (see the State-Law Customization Appendix).

### 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:** accountable for storage security; approves the Authorized Personnel List **in writing**; ensures the cabinet and controls meet this SOP.
- **Controlled-substance custodian:** maintains the cabinet, controls keys/codes, performs spot checks, and escalates concerns.
- **Backup custodian:** [Name / role] — 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 + your 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.)

**Complete for your practice (this is what makes it defensible):**

- Cabinet **location / room:** [\_\_\_\_]
- Cabinet **type / description:** [e.g., steel, wall-mounted, single/dual lock] [\_\_\_\_]
- **Lock mechanism:** [key · keypad · dual lock] [\_\_\_\_]
- **Anchored/bolted, or in a restricted/locked room?** [\_\_\_\_]
- **Cameras / alarm** covering the area? [\_\_\_\_]

### 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.**
- **Vendors, cleaners, contractors, IT, and maintenance** are **never left unsupervised** in the storage area; the cabinet stays locked during any such visit, and an authorized staff member accompanies them.

### 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/relief staff** (e.g., relief DVMs, locums, temps) must be **screened/approved under CS-02 before** any access; if they handle controlled substances independently they get their own credential under CS-03 — otherwise they work under **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 (frequency):** the custodian performs spot checks **monthly for controlled substances generally, and each shift or daily for opened Schedule II containers** \*(adjust up for higher risk — set your clinic's level: [\_\_\_\_])\* . Compare selected physical stock to the

controlled-substance log (CS-07) and record **date, item, expected qty, actual qty, reviewer, and resolution**. Escalate any unresolved discrepancy immediately (§6.7).

- **After hours:** the cabinet stays locked and the building secured; after-hours access is limited to [authorized roles] [\_\_\_\_\_].
- **Emergency access (custodian unavailable):** the **backup custodian** (§5) or an **authorized DVM** may access the cabinet, with **two-person verification** where possible. **Complete an Emergency Access Record** capturing:
  - date/time · person accessing · reason · drug & quantity · patient · witness · follow-up reconciliation done · **registrant review/sign-off**.

### 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, Emergency Access Record, and access/incident records**. Retain for **at least two years** at the registered location, available for DEA inspection (21 CFR 1304.04); longer where your state requires.

## 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 · Emergency Access Record

## 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-train and re-acknowledge annually and whenever this SOP is revised.

## 10. Revision history

Version	Date	Change	By
1.0	[Date]	Initial issue	[Name]

*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. 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.*