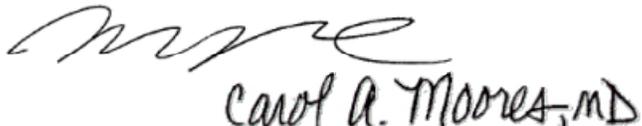


 <p>Department of Corrections and Community Supervision</p> <p>DIRECTIVE</p>	TITLE		NO. 4929
	Controlled Drugs, Needles, Syringes & Sharps		DATE 11/18/2025
SUPERSEDES DIR #4929 Dtd. 10/24/17	DISTRIBUTION A	PAGES PAGE 1 OF 10	DATE LAST REVISED
REFERENCES (Include but are not limited to) 29 CFR, Part 1910.1030; 21 CFR, Part 1300; Public Health Law, Article 33 and Section 3370; 6 CRR-NY 364; 10 CRR-NY 70, 80, and 80.51; ACA Expected Practices 5-ACI-3A-23, 5-ACI-6A-43, 2-CO-4D-01; Directives #4004, #4092; DOCCS Health Services Policy #3.07 & #7.08	APPROVING AUTHORITY  Carol A. Moore, MD		

I. GENERAL

- A. Policy: It is the policy of the Department of Corrections and Community Supervision (DOCCS) to comply with the following:
- 29 CFR, 1910.1030, "Bloodborne Pathogens" (Occupational Safety And Health Administration) of the Code of Federal Regulations (CFR).
 - 6 CRR-NY 364, "Waste Transporters" (Department of Environmental Conservation), and 10 CRR-NY 70 "Regulated Medical Waste," and 10 CRR-NY 80, "Rules and Regulations on Controlled Substances,"(Department of Health) of the New York Codes, Rules, and Regulations (NYCRR; CRR-NY), and all applicable Federal and State rules, regulations, and statutes regarding the control, distribution, and disposal of needles, syringes, and sharps.
 - Article 33, "Controlled Substances," of New York State Public Health Law and all applicable Federal and State rules, regulations, and statutes regarding the control, distribution, and disposal of controlled substances.
 - 21 CFR 1300 to End, "Food and Drugs."
- Compliance with these regulations shall prevent the illicit use of Departmental property, the spread of infection, and reduce the potential for breaches of security.
- B. Applicability: This directive shall apply to all Health Units (e.g., Medical Areas, Dental Areas, Pharmacies) and functions staffed by employees of DOCCS. Mental Health Satellite Units and contractual programs, such as in-facility Dialysis Units, shall prepare procedures that demonstrate compliance with the spirit of this directive.
- C. Definitions: PRN (*pro re nata*): Latin abbreviation meaning "as the occasion arises, when necessary." Commonly used in medical terms to mean "as needed."
- D. Scope
- All needles, syringes, and sharps including, but not limited to, those used for intramuscular or subcutaneous injections, infiltration, intravenous therapy, dialysis, or venipuncture (including vacutainer needles), both stock and patient-specific, will be managed in accordance with this directive.
 - All controlled substances used in the therapeutic treatment of incarcerated individuals, both stock and patient-specific, will be managed in accordance with this directive.

- E. The Superintendent is the authorized representative for the facility licensure. The Facility Health Services Director (FHSD) oversees the Health Unit and is responsible for the security and management of controlled substances. This does not relieve the licensed professionals of their responsibility to assure that requirements are met within their scope of responsibility.
- F. Record retention is to be consistent with all State Archives and Records Administration (SARA) guidelines.

II. ACQUISITIONS/REQUISITIONS: All formulary needles, syringes, and sharps requisitioned by DOCCS medical, dental, and mental health staff will be ordered either through the assigned pharmacy or Central Warehouse. Non-formulary needles, syringes, and sharps can be obtained by the Health Unit or Dental Unit. DOCCS pharmacies will obtain formulary controlled substance stock from Central Warehouse and non-formulary medications from a vendor distributor to distribute to Health Units. Citing 10 CRR-NY 80.46, facilities that do not have an on-site pharmacy will have controlled substance prescriptions filled on a patient-specific basis by an outpatient pharmacy and the Registered Nurse (RN) Supervisor or designee will maintain a running inventory on [Form #3182](#), "Record of Controlled Substances Administered."

- A. For supply requisition at facilities with a physical pharmacy onsite, a completed [Form #3186A](#), "Requisition for Schedule III, IV, V Controlled Substances or Needles, Syringes, and Sharps," or [Form #3186B](#), "Requisition for Schedule II Controlled Substances," must be presented to the Pharmacist.
 - 1. The Pharmacist shall distribute stock needles (including pen needles), syringes, and sharps, and maintain a record of the number of types of needles, syringes, and sharps distributed on [Form #3177A](#), "Needles, Syringes, and Sharps – Main Stock Record."

Requisitions for needles, syringes, and sharps will be submitted separately from requisitions for Schedule III, IV, and V Controlled Substances.

- 2. The Pharmacist shall distribute stock controlled substances and maintain a record of the number of each of the controlled substances distributed on [Form #3177](#), "Controlled Substances – Main Stock Record."

Only facilities with an onsite pharmacy will maintain sub stock of controlled substances. The Pharmacist will initiate [Form #3182](#) at the time of distribution and include: drug name, dosage form, dosage strength, drug schedule, correctional facility, health unit, and unique serial number at the top of the form cross referenced with the matching requisition ([Form #3186A](#) or [Form #3186B](#)). The Pharmacist will fill in the date of distribution, balance brought forward (quantity being distributed), and the signature of the individual initiating record (Pharmacist's signature).

The Nurse will indicate the date and time the controlled substance stock was "received from pharmacy" on the first line of [Form #3182](#); if more administration lines are necessary for a specific requisition number, an additional form can be used and appended with all header information completed. Forms will be reviewed by the RN Supervisor prior to returning to the pharmacy.

Completed forms will be returned to the facility Pharmacy where they will again be reviewed for completeness. The Pharmacist and/or RN Supervisor will assure that all [Form #3182](#)s are returned in a timely manner. If forms contain omissions or are not returned, the Pharmacist will confer with the RN Supervisor, who will take corrective action.

- B. Alternatively, needles, syringes, and sharps may be received directly from Central Warehouse or an outside vendor. In such instances, the RN Supervisor or the Dentist is responsible for completing an electronic requisition through CIPS for needles, syringes and sharps supplied by Central Warehouse. These records must be retained for five years.
- C. Injectable, multi-dose, non-controlled medications that contain a needle as part of the device mechanism or require pen needles for administration, will be dispensed patient-specific pending receipt of prescription order and requisition.
 - 1. If the medication device already contains a needle, [Form #3182A](#), "Record of Needles, Syringes, and Sharps Utilized," will be initiated at dispensing as described within this directive.
 - 2. If the medication device requires a needle to be attached for administration, the desired needle must be requisitioned using [Form #3186A](#), as described above.
 - 3. If the drug requires refrigeration, it will be securely stored according to the manufacturer's recommendations within the medication room refrigerator.

III. PHARMACY SECURITY/CENTRAL WAREHOUSE SECURITY

- A. Keys: The pharmacy or warehouse keys shall be restricted, not duplicated, and the lock keyed to prevent opening by master or grandmaster keys.
- B. Access: Access to the pharmacy itself and/or keys for the pharmacy or Central Warehouse by anyone other than the Pharmacist is prohibited.
- C. After-hour Entry Record: After-hours entry by the Pharmacist or anyone granted emergency access will be recorded by the Watch Commander in the Watch Commander's Log and the Pharmacy Log.
- D. Unauthorized Entry: Any unauthorized entry shall be reported as an Unusual Incident (UI) per Directive #4004, "Unusual Incident Report." It should be reported in category #22 - "Other."
- E. Emergency Access: In case of an emergency (e.g., fire, flood, hostage situation, refrigerator failure), the Superintendent (or Officer of the Day) may authorize access using a two-party system. A security supervisor and the appropriate personnel (e.g., fire brigade, maintenance, etc.) may be authorized to draw keys and enter the pharmacy. An on-duty health services professional will also accompany the security staff when appropriate. Directive #4092, "Key Control," governs access in the event of an emergency. The Watch Commander shall be notified and an entry shall be made in the Watch Commander's Log. The Supervising Pharmacist will be contacted as soon as feasible. The persons entering shall make appropriate entries in the Pharmacy Log when entering and leaving and shall complete [Form #4929A](#), "Entry After Pharmacy Hours Report."

The completed form will be distributed to the Superintendent, Supervising Pharmacist, and shared email for the Statewide Director of Pharmacy and Central Pharmacy Services (CPAdmin@doccs.ny.gov).

IV. STORAGE/INVENTORY

- A. The pharmacy's controlled substance main stocks shall be accessed only by a Pharmacist, and stored and maintained within a secured area in the pharmacy as follows:
1. Controlled substance Schedule II medications will be maintained in a multiple positioned combination lock safe (General Services Administration Class 5, or the equivalent). If the safe weighs less than 750 pounds, it will be bolted or cemented to the floor.
 2. Controlled substance Schedule III, IV, and V shall be, at a minimum, stored in a securely locked cabinet of substantial construction.
- B. The Pharmacist shall maintain a perpetual inventory of all stocks of controlled substances, needles, syringes, and sharps held in the pharmacy. The actual perpetual inventory records shall be documented on [Form #3177](#) or [Form #3177A](#); a secondary record will also be maintained electronically on Correctional and Inpatient Pharmacy Software (CIPS) to include:
1. Descriptions of stock items.
 2. Records of drugs received including date of receipt, name of vendor, purchase order and/or invoice number, type, and quantity of such drugs received.
 3. Names and numbers of prescriptions and/or requisitions on inventory.
 4. Quantities deleted from inventory.
 5. Inventory balances for each item.
- C. Perpetual inventories will be maintained as follows:
1. Upon receipt, a new shipment of needles, syringes, sharps, or controlled substances shall be reconciled with the requisitioned order and entered into the perpetual inventory by the receiving Pharmacist. Prior to distribution, the contents and amounts to be distributed will be two-person signed and verified on [Form #3177](#) or [Form #3177A](#), as well as [Form #3186A](#) or [Form #3186B](#); if two staff are not available at the time of distribution, a second signature on [Form #3177](#) or [Form #3177A](#) during monthly physical inventory of existing stock will suffice.
 - a. Due to the variability in manufacturer packaging, all items that contain pen needles as an accessory will be opened by the Pharmacist and placed on count using [Form #3177A](#). Similarly, sealed manufacturer injectable drug packages that contain a needle as part of the device mechanism will be counted according to this directive.
- D. Each month, in the presence of the Pharmacist, a complete physical inventory shall be taken of all stocks of controlled substances, needles, syringes, and sharps held in the facility pharmacy. This inventory shall be supervised by the Business Office, but the actual inventory may be performed by a designated supervisory staff person whose duties are independent of pharmacy operations.

After all items have been counted, including expired/unusable controlled drugs, the Business Office shall compare the totals with the perpetual inventory maintained by the Pharmacist.

The Business Office will also audit documentation of receipt of controlled substances in the pharmacy based on invoices and/or copies of packing lists from Central Warehouse. Any discrepancies shall be immediately reported to the Superintendent, Watch Commander, FHSD, and Supervising Pharmacist.

For controlled substances, needles, syringes, or sharps held in nursing or satellite stations (including Dental Units), the Business Office, in the presence of licensed health staff, shall conduct a complete monthly physical inventory. This shall be done using the same procedure set forth above. Discrepancies should immediately be reported to the superintendent, FHSD, Facility Dental Director, Supervising Pharmacist, and RN Supervisor. See Section VIII for the procedure relating to reporting losses.

V. LOCATION OF USE

A. Needles, Syringes, and Sharps (excluding apparatus filled with controlled substances)

1. The number of satellite stations authorized to use and maintain a supply of needles, syringes, and sharps shall be kept to a minimum and must be designated by the FHSD. They may include the infirmary, inpatient nurse's station, emergency treatment room, outpatient nurse's station, Dental Unit, laboratory, emergency response bag, and Mental Health Satellite Units. Each station shall contain a suitable hazardous waste container.
2. At facilities with an authorized satellite station, needles, syringes, and sharps shall be securely double locked in an appropriate cabinet. Use of all needles, syringes, and sharps from that station's stock shall be documented on [Form #3182A](#). Completed forms documenting use of needles, syringes, and sharps must be retained for five years.

B. Controlled Substances (including apparatus pre-filled with controlled substances)

1. Controlled substances shall be restricted to secure medication stations and, where possible, one station per facility. Additional substations will be approved with the direction of the FHSD, Director of Nursing, and Statewide Director of Pharmacy. Sub stock in the Health Unit will be secured in stationary double locked metal cabinets. Both cabinets, inner and outer, will have key-locked doors with separate keys. Keys and access are restricted to licensed Health Services staff only.
2. Controlled substances will be distributed to the secure medication stations as determined by the facility and by the incarcerated individual's needs. Administration of controlled substances will be documented on [Form #3182](#).
3. When an incarcerated individual scheduled for release requires a controlled substance, a minimum of a 14-day supply (but up to a 30-day supply of MAT medications) will be provided based upon the date of the incarcerated individual's scheduled follow-up appointment. The provider will electronically transmit a prescription to the assigned vendor pharmacy. The facility will arrange for pickup of the medication and eventual release of the medication to the parolee (see Health Services Policy Manual #3.07).

- C. For satellite stations which are operational 24 hours a day, a joint count by the nurse going off duty and the nurse coming on duty will be conducted. At those stations operated for less than 24 hours a day, a witnessed count shall be taken at the beginning and end of each shift. The witness may be a security or civilian employee appointed by the Superintendent or designee, only when another licensed professional is unavailable. The results from each count shall be recorded on [Form #3184](#), "Change of Shift – Control/Count Form."

Any discrepancies noted between controlled substances, needles, syringes, and sharps on hand and those accounted for on [Form #3182](#) or [Form #3182A](#) shall immediately be communicated to the Superintendent, Watch Commander, FHSD, Regional Dental Director, RN Supervisor, and Supervising Pharmacist. See Section VIII for instruction on reporting losses.

VI. TRANSFER OF NEEDLES, SYRINGES, SHARPS, AND CONTROLLED SUBSTANCES

- A. Occasionally, it is necessary for a health professional to transport medication and/or needles, syringes, and sharps in their personally owned vehicle to provide care and/or testing to incarcerated individuals or employees at another facility. Health professionals are authorized to carry such medical supplies in their own vehicle. An example is the need to take tuberculin syringes for PPD testing to sites such as work release facilities without health presence, State Office buildings, and the Training Academy. These transferring/transporting health professionals are responsible for the security and documentation of the use of such supplies. A copy of this directive shall be carried with the health professional during such transport.
- B. Generally, it is not necessary to send needles, syringes, and/or sharps when incarcerated individuals are transferred to another facility since these are facility stock items. However, incarcerated individuals going to work release, being released from DOCCS custody, or going out to court may require needles, syringes, and sharps outside the facility. These should be provided under a written prescription by the sending facility pharmacy or outpatient pharmacy.
- C. Any patient-specific controlled substance medication, determined by facility Health Services staff, which needs to be transferred from one facility to another for an incarcerated individual will be documented on [Form #3184](#), "Change of Shift – Control/Count Form," by facility Health Services staff. Controlled substances maintained as stock medication within a facility will not be transferred from one facility to another; only patient-specific controlled substances dispensed by an outpatient pharmacy may be transferred.
1. Prior to securing the designated box with both locks, the authorized medical staff member and security supervisor will verify the inventory, annotate the appropriate date and time on the form, then one will sign in the "On Duty Nurse" location and the other in the "Off Duty Nurse" location. The form will then be secured in the box by both parties. The security supervisor will then turn the box over to the staff responsible for transporting the incarcerated individual(s). Upon arrival at the receiving facility, transportation staff will turn the box over to the supervisor responsible for the pharmacy or medication room.

The security supervisor at the receiving facility will then report to the appropriate area with the authorized medical staff member, where they will verify the contents of the box and document on [Form #3184](#) as the sending facility did. Any discrepancies noted in the inventory must be immediately reported to the appropriate individuals as outlined in this directive.

VII. DISPOSAL REQUIREMENTS

A. Needles, Syringes, and Sharps: (Contaminated/used needles shall not be bent, capped, or detached from the syringe.)

1. Immediately, or as soon as possible after use, a contaminated needle, syringe, or sharp shall be placed in a red, puncture-resistant, leak proof (sides and bottom), closable biohazard container.
2. A red puncture-resistant container shall be maintained, at each authorized satellite station in a locked, wall-mounted box as approved by the Department. The red container at the inpatient nurse's station shall be removed from its locked area and taken into the inpatient area with needles, syringes, and sharps. They shall be accompanied by a Correction Officer. The red container must remain closed when moved and shall not leave the sight of these employees. Upon completion of use, the red container shall be returned to its locked area in the nurse's station by the Nurse or by the health care provider.
3. To prevent accidental needle sticks, all red containers shall be replaced when they are one-half to two-thirds full. Maintenance and packaging of the red containers for infectious waste disposal will be the responsibility of a Health Service staff member. Security staff shall be responsible for supervising the removal of packaged infectious waste to the infectious waste disposal holding area in accordance with facility procedure.
4. All red containers, upon removal from the locked area for disposal, shall immediately:
 - a. Be closed.
 - b. Have an identification label affixed to the outside of the container.
 - c. Be placed in a leak proof container used for the transportation of infectious wastes.
 - d. Be removed from the Health Unit to the secure storage area identified for this purpose.
5. The used needles, syringes, and sharps shall be disposed of as infectious waste in accordance with the facility's infectious waste disposal plan and the Health Services Policy Manual #7.08, "Collection, Storage, and Disposal of Regulated Medical Waste."

B. Controlled Substances

NOTE: The disposal of excess/partial doses will be documented on [Form #3182](#), and the completed form will be maintained by the Pharmacist (or RN Supervisor and/or designee if controlled substances are provided by the vendor).

1. Disposal of Excess Doses

- a. Prefilled syringes or single use containers: If the dosage is less than the amount in the syringe, the excess amount must be discarded by the Nurse prior to administration.

This process must be witnessed by a Nurse or other licensed practitioner, or a uniformed security staff member if a second qualified health professional is not available to witness. This destruction must be noted on the administration record sheet, [Form #3182](#).
 - b. Disposal of partial, crushed, or contaminated doses: Partial doses remaining after administration (or attempted administration) of an ordered dose will be destroyed by a Nurse, Pharmacist, or other licensed practitioner when witnessed by a second qualified health professional or a uniformed security staff member if a second qualified health professional is not available to witness. This destruction must be noted on the administration record sheet, [Form #3182](#).
 - c. Whenever possible, the individual wasting medication and the individual witnessing the waste should not consistently be the same two people.
2. At facilities with an onsite pharmacy, satellite stations, and Health Units will make returns to the Pharmacist, accompanied by the corresponding [Form #3182](#). A log must be maintained of all returns and their dispositions.
 - a. Full packages of controlled substances still in sealed containers may be returned to the pharmacy. The specific vendor's guidelines for processing returns should be followed. Contact CPWarehouse@doccs.ny.gov prior to sending returns to Central Warehouse. A Drug Enforcement Agency (DEA) Form #222 must accompany Schedule II returns.
 - b. Pharmacies should consider use of a NYS Department of Health (DOH) approved reverse distributor for outdated, discontinued, recalled, or damaged controlled substance returns.
 3. Unused, outdated, discontinued, or damaged controlled substances must not be returned to an outpatient pharmacy.
 4. Destruction of outdated, discontinued, recalled, contaminated, and/or damaged controlled substances: Products may only be destroyed on site in the presence of two (2) licensed health professionals (Licensed Practitioner, Pharmacist, or Nurse) and a uniformed security staff member after permission is granted by the NYS Department of Health Bureau of Narcotic Enforcement as per 10 CRR-NY 80.51. A request for permission to destroy controlled substances must be addressed to that Bureau on the NYS DOH [Form #DOH-2340](#), "Request for Approval of Disposal/Destruction of Controlled Substances," at least 21 days prior to the intended destruction and must include the following information:
 - a. An inventory of controlled substances to be destroyed, checking quantities against [Form #3182](#). This inventory will be entered on the NYS DOH [Form #DOH-166](#), "Controlled Substance Inventory Form," from the local Bureau of Narcotic Enforcement office or on-line at <http://www.health.ny.gov>.
 - b. The specific method of destruction to be employed.

- c. The date, time, and location of the intended destruction.
 - d. The identity of at least two NYS licensed practitioners, Pharmacists, and/or Nurses who will witness the destruction.
 - e. The reason for the destruction.
5. The controlled substances will be destroyed only after receiving the written approval of the Bureau of Narcotic Enforcement. As a DOCCS policy, a uniformed security staff member must witness and sign for the destruction along with the designated health professionals. If the Bureau does not grant approval for the destruction, the controlled substances will be processed as required by the Bureau.
 6. Record keeping requirements: A written record must be retained for five years which contains:
 - a. Date of return or destruction.
 - b. Name, form, and quantity of the substance returned or destroyed.
 - c. Name, address, and registry number of the person making the return or destruction.
 - d. Name, address, and registry number of the supplier or manufacturer to whom the substances are returned; or the names and license numbers of the persons performing and witnessing the destruction.

VIII. LOSS OF CONTROLLED SUBSTANCES

- A. Any loss of a controlled substance will be documented by the FHSD or designee and another licensed professional on [Form #3182](#).

The Supervising Pharmacist, RN Supervisor, FHSD, Dental Director, and Superintendent will be notified immediately upon discovery or suspicion of loss.
- B. If controlled substances are missing and diversion is unknown, suspected, or possible, three additional reports must be submitted:
 1. An "Unusual Incident Report," per Directive #4004.
 2. Department of Health [Form #DOH-2094](#), "Loss of Controlled Substances Report."
 - a. NYS DOH [Form #DOH-2094](#), is to be used to report all losses of controlled substances due to diversion (unknown, suspected, or possible). Article 33 of the NYS Public Health Law and the Federal DEA Code of Regulations require that all losses of controlled drugs be reported immediately on [Form #DOH-2094](#).
 - b. The completed form must be emailed to narcotic@health.ny.gov.

A copy of this form will be promptly sent to the shared email for the Statewide Director of Pharmacy and Central Pharmacy Services (CPAdmin@doccs.ny.gov).
 3. DEA on-line Form #DEA 106, "Report of Theft of Loss of Controlled Substances."

IX. DEA LICENSING REQUIRED FOR INDIVIDUAL PRESCRIPTIONS

- A. The DEA requires that prescribers have their own DEA number to write individual prescriptions for controlled substances. Individual prescriptions are required for supplies of controlled substances to be in the possession of an individual being released from the Department's custody or to be administered in facilities using an outside vendor to supply controlled drugs.
- B. Physicians, Dentists, Nurse Practitioners, and Physician Assistants may write for controlled substances if properly licensed.

X. STOP ORDERS FOR CONTROLLED SUBSTANCES

Schedules II through V with stated intervals	30 Days
Schedules II through V PRN (explanation below)	72 Hours
Chronic convulsive disorders (incl. chronic spasticity, minimal brain dysfunction)	30 Days

Writing PRN Orders:

- A. PRN orders must include the reason for administration (e.g., PRN sleep, PRN pain) and the length of therapy (e.g., 24 hour, one (1) week, 30 days).
- B. A PRN order may not include a range of doses.
 - 1. "Meperidine 50 mg IM Q 4 H PRN pain for one (1) week" is a valid order.
 - 2. "Meperidine 50 mg - 100 mg" is not acceptable.
- C. PRN orders with stated time intervals are valid for up to 30 days.
 - 1. The Bureau of Narcotic Enforcement has defined a PRN order within a DOCCS facility to be a "standing order" if time intervals are stated. Such standing orders may be valid for up to 30 days if so ordered by the prescriber.
 - 2. An example of a standing order is "Meperidine 50 mg IM Q 4 H PRN pain for five (5) days."
- D. PRN orders without a stated time for the next administration are limited to 72 hours and may only be administered once.
 - 1. In the example, "Meperidine 50 mg IM PRN pain," the order is valid for one dose within 72 hours.
 - 2. No controlled substance prescription/order shall be issued prior to the documented examination of the patient by the practitioner. Once the initial examination has been completed, the frequency and necessity for future examinations prior to prescribing will be made by the practitioner using generally accepted medical standards. However, this interval may not exceed three months.

ENTRY AFTER PHARMACY HOURS REPORT

Facility: _____

Date: _____

Time: _____

Reported by: _____
Name Title

Reason for Entry and Action Taken:

Signature/Title of those entering Pharmacy:

Health Services Title

Security Title

Signature of Administrator/Officer of the Day who authorized entry:

Administration Title

Dist: Superintendent
Pharmacy Director/Central Pharmacy Services (FAX 8-501-3580)
Supervising Pharmacist

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION REQUISITION FOR SCHEDULE III, IV, V CONTROLLED SUBSTANCES OR NEEDLES, SYRINGES AND SHARPS		REQUESTED BY:	DATE:	REQUISITION #:
Approved By: _____ M.D. _____ (Physician's Signature) (DEA Number)			FACILITY:	LOCATION:

Circle last number used	Drug/Item Name and Strength/Description	On Hand	Requested	Issued	Received
1.					
2.					
3.					
4.					
5.					

PHARMACY USE ONLY:		
DISPENSED BY: _____ R. PH.	CHECKED BY: _____	DATE: _____

NO FIGURES TO BE ALTERED OR ERASED

RECEIPT: I CERTIFY THAT THESE DRUGS WERE RECEIVED.

FORM #3186A (03/15)

DISTRIBUTION:

WHITE RETAIN ON FILE IN PHARMACY
 CANARY RETAIN AT NURSING STATION
 PINK RETURN TO PHARMACY AFTER
 SIGNING FOR RECEIPT
 (RETAIN ALL FORMS 5 YEARS)

SIGNATURE: _____ DATE: _____

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION REQUISITION FOR SCHEDULE II CONTROLLED SUBSTANCES		REQUESTED BY:	DATE:	REQUISITION #:
Approved By: _____ M.D. _____			FACILITY:	LOCATION:
(Physician's Signature)			(DEA Number)	

Circle last number used	Drug/Item Name and Strength/Description	On Hand	Requested	Issued	Received
1.					
2.					
3.					
4.					
5.					

PHARMACY USE ONLY:		
DISPENSED BY: R. PH.	CHECKED BY:	DATE:

NO FIGURES TO BE ALTERED OR ERASED

RECEIPT: I CERTIFY THAT THESE DRUGS WERE RECEIVED.

FORM #3186B (03/15)

DISTRIBUTION:

WHITE RETAIN ON FILE IN PHARMACY
CANARY RETAIN AT NURSING STATION
PINK RETURN TO PHARMACY AFTER
SIGNING FOR RECEIPT
(RETAIN ALL FORMS 5 YEARS)

SIGNATURE: _____ DATE: _____