

DECLARATION AND SELF ASSESSMENT 2012
ALL QUESTIONS MUST BE ANSWERED

	Yes/No		Yes/No
1. Do you have specific written SOPs covering the management of CDs, appropriate to the activities carried out at the premises and as required by the Accountable Officer regulations?		7. Do you transport CDs in accordance with an SOP (e.g. patient deliveries)?	
2. Are the staff involved in activities related to CDs appropriately trained and competent?		8. Are all CDs appropriately labelled?	
3. Do you have procedures in place to identify, deal with and learn from significant incidents involving CDs?		9. Are regular date checks of CD stock carried out?	
4a. Have you noted any signs of unusual, excessive or inappropriate supply or prescribing patterns?		10. Is the CD Register maintained in accordance with the Misuse of Drugs Regulations and any relevant guidance?	
4b. If yes , have these issues been fully addressed?		11. Are running balances of CDs maintained and is there evidence that they are audited?	
5a. Are there any signs of, or do you have concerns about, the diversion of CDs?		12. Are all relevant CDs stored in accordance with the Safe Custody Regulations and are procedures in place to prevent unauthorised access to CDs?	
5b. If yes , have these issues been fully addressed?		13. Is date expired and patient returned medication appropriately marked and segregated?	
6a. Have there been any complaints or significant incidents involving CDs in the last 12 months of which you are aware?		14. Are out of date or patient returned CDs destroyed in accordance with legislation and published guidance?	
6b. If yes , have these issues been fully addressed?			

DECLARATION

I declare that to the best of my knowledge and belief that the handling, management and use of Schedules 2 and 3 controlled drugs at these premises complies with the provisions of the Misuse of Drugs Act 1971, its associated regulations and the Health Act 2006 and its associated controlled drugs regulations.

Signed

Date

Name	Registration Number
Position within organisation	Name of organisation and address of premises