

title and/or educational degree.

MARYLAND

Department of Health Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Dennis Schrader, Secretary

OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

4201 Patterson Avenue, Baltimore, Maryland 21215-2222 Audrey P. Clark, MPA, Director • James W. Polek, P.D., Deputy Director

OCSA MARYLAND ESTABLISHMENT QUESTIONNAIRE

Establishment Name (dba)			
Address			
Telephone	Fax	Fax.	
Maryland CDS Registration Number	er	Exp. Date	
Maryland License or Permit Number	er	Exp. Date	
DEA Registration Number		Exp. Date	
Telephone Maryland CDS Registration Number Maryland License or Permit Number DEA Registration Number Hours of Operation M-F S	SatSur	1	
1. Brief description of the type of work co	onducted using CI	os.	
 List all CDS dispensed/distributed/mapper year. Include strength or concentration of per year. Person responsible for accountability of and/or professional title and/or educational and and the strength or accountability. 	the CDS and containe	er size along with the approxim	ate number units used
4. Name of person(s) who will handle and	have access to CD	S storage area. Include job	title and/or professional

5. Exact location in establishment where CDS will be stored. List the location/name of the building, room number of storage area.
6. Provide the name, address, phone number, DEA registration number, Maryland CDS registration number and (if applicable) the Maryland Board of Pharmacy distributor permit or pharmacy permit, for ALL suppliers of CDS. Suppliers of prescription CDS products must have a Maryland Board of Pharmacy distribution permit or pharmacy permit. Suppliers of CDS bulk powders and chemicals do not require a Board permit. You MAY NOT purchase/obtain CDS from a supplier that does not have an active Maryland CDS registration.
7. Provide the name, address, phone number and DEA number of the reverse distributor used for disposal of outdated/unwanted CDS. (COMAR 10.19.03.10D) Any alternate disposal procedure must be approved in writing from your local DEA office and kept on file at the establishment.
8. Procedures employed to ensure secure delivery and receipt of CDS to the establishment.
9. How will CDS be stored? CDS must be kept either in a lockable safe or under a double lock system (a locked drawer or cabinet within a room with a lockable door). Storage area should be kept locked when not in use and accessible to approved users ONLY.
10. Describe the mothed worlder described with the second section of CDC
10. Describe the method used to document receipt, usage and on-hand counts of CDS.

PLEASE READ AND INITIAL THE FOLLOWING REQUIREMENTS AND RECOMMENDATIONS

 An initial inventory must be taken of all CDS items CDS products are present, state "No CDS products (initial) 	s present prior to the opening of the business. If no s at opening of business". [21 CFR 1304.11]
 You are required to take a biennial CDS inventory 	years. The biennial inventory may be taken on any
 When taking a CDS biennial inventory, schedule II III-V items. An exact count must be made of all sc estimate, but if fractions or decimals are used, then count must be made if CIII-V products are in open All CDS, including expired and unwanted items, m inventory should be taken on the same day with the business or after close of business). The date taken inventory. [21 CFR 1304.11] (initial	the container size must also be included. An exact sed containers of greater than 1,000 tablet or capsules. The containers of greater than 1,000 tablet or capsules. The included in the inventory. The entire is same reference point (either before opening of and reference point should be present on the of and receipt. It is recommended that these invoices the inverse of the invers
NOTE: Please ensure that all questions had Incomplete answers and missing information processing of your CDS application.	¥ ¥
Signature of Applicant	Date
Print Name of Applicant	

Office of Controlled Substances Administration • 4201 Patterson Avenue • Baltimore, Maryland 21215-2222 410-764-2890 • Fax 410-358-1793 • TTY for Disabled - Maryland Relay Service 1-800-735-2258 Toll Free 1-877-4MD-DHMH • Web Site: www.health.maryland.gov/OCSA