	DOCUMENT NAME	DOCUMENT NUMBER
	SCHEDULE 5 & 6 MEDICATION STORAGE COMPLAINCE CHECKLIST	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

Standard: 2.3.1.1.3.1 – Secure Storage of Schedule 5 and 6 Medicines
Assessment Type: Observation
Risk Rating: Vital Measure

✅ Instructions:

- Observe whether **Schedule 5 and/or Schedule 6** medicines are kept at the practice.
- If such medicines **are kept**, verify if the **storage area is always locked** and access is restricted.
- If no S5 or S6 medicines are stocked, mark as **Not Applicable (N/A)**.

🗂️ Observation Criteria

Observation Item	Score (1 = Yes / 0 = No / N/A)	Comments
1. The practice stocks Schedule 5 and/or Schedule 6 medicines		e.g. "S5: Diazepam", or "None kept"
2. A **designated, lockable storage cabinet** or room is used		Cabinet location: e.g. “Dispensary Room”
3. Cabinet or safe was observed to be **locked** at time of inspection		“Yes, locked” or “Left open”
4. Only **authorised personnel** (e.g., licensed prescriber or pharmacist) have access		How is access controlled?
5. A **key log or access control** system is in place (if applicable)		Manual key log / digital access / N/A

🧮 Scoring Summary

Total Score	Maximum Score	Compliance %
	5	

📌 Regulatory Note:

Per the **Medicines and Related Substances Act**, Schedule 5 and 6 medicines must be:

- Stored in a **locked cupboard, cabinet, or safe**,
- Accessed **only by authorised personnel**,

- **Documented** in a controlled drug register where applicable.

📌 **Recommendations (if non-compliant):**

- Lockable cabinet or controlled access system must be installed immediately.
- Review and enforce access rights to high-schedule medicines.
- Conduct and document regular stock counts of controlled substances.

Auditor Name & Title: _____

Signature: _____

Date: _____

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Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE