

# Facility Logo

## After-hours or Small Facility Controlled Substance Check-in Competency Demonstration

Criteria for successful completion: Successful **demonstration** of all steps

Met  Not Met

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Validator Signature: \_\_\_\_\_ Score: \_\_\_\_\_

Steps	Met	Not Met
Learner <b>verbalizes</b> why it is important for two individuals to witness the controlled substance check-in process.		
Learner <b>verbalizes</b> that their signature means they witnessed and agree that the count/amount on the check-in documentation is correct.		
Learner <b>demonstrates</b> successful completion of the check-in process of a real or sample shipment.		
Learner <b>demonstrates</b> accurate documentation of real or sample shipment.		

Validator Use Only – If criteria for successful completion not met, plans for remediation:

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If employee is remediated, please file this form *along with* the new form showing successful completion.