Organisation name Site or unit		FORM Controlled Medicines Register	
Document ID	PHM-FRM-002	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · PHM-FRM-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 3.1

1. Purpose

Record of every receipt, supply and disposal of controlled medicines.

2. How to complete

- Complete one form per patient, per area or per period, as the purpose states.
- Tick Yes, No or N/A. Any No is actioned at once and reported to the person named in the procedure.

3. Checks

Item to check	Standard reference
Date, product and strength	Recorded [EC]
Quantity received, supplied and balance	Recorded [EC]
Name of person supplying and receiving	Recorded [EC]
Balance checked by second person weekly	Yes [EC]
Disposal witnessed and recorded	Yes [EC]

4. Evidence

Reference	Note
E-009	ASF Expert Committee consensus. Align with national controlled-drug rules.

5. Change history

Version	Date	What changed	Approval
1.0	—	First approved version	Approved by the ASF Expert Committee

6. References

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF