

IACH SMS Checklist

Unit:	Location:
Commander:	
Exit brief:	

General Security for Controlled Medical Substances:	Y / N	Notes
Do commanders of medical treatment facilities having controlled medical substances have an established written plan to monitor, surveil, and safeguard controlled medical substances at all times?		
Do commanders of medical treatment facilities having control of medical substances direct the conduct of an annual physical security inspection IAW the AR 190-13?		
Do commanders of medical treatment facilities having control of medical substances request, as needed, a U.S. Army Criminal Investigation Command crime prevention survey for the purpose of detecting crime, evaluating the possibilities of easy criminal activity, and identifying procedures favorable to criminal activity?		
Do commanders of medical treatment facilities having control of medical substances report the theft, loss, recovery, or mismanagement of controlled substances per AR 190-45?		
Do commanders of medical treatment facilities, having control of medical substances report all actual and suspected losses and inventory discrepancies or recoveries to the proper law enforcement agencies?		
Do commanders of medical treatment facilities having control of medical substances submit serious incident reports per AR 190-45 within the required time limits?		
Do commanders of medical treatment facilities having control of medical substances conduct daily and monthly inventories/audits per AR 40-3 and AR 40-61?		
Do commanders of medical treatment facilities having control of medical substances allow personnel to have unaccompanied access to controlled medical substances only if they are in compliance with the occupational reliability program in paragraph 4-6 and are listed on the access control roster?		
Are facilities, vaults, and containers used for storage of controlled medical substances NOT used for the storage of classified material?		
Are Schedule I drugs and substances as described in the glossary of the AR 190-51 secured in the same manner prescribed for Schedule II (Note R) controlled substances? (Point-of-use systems and cabinets may be used to secure Note R and Note Q controlled substances.		

Lock & Key Control:	Y / N	Notes
Are security requirements established to protect locks, keys, and combinations used to secure facilities, vaults, and containers?		
Are the number of personnel having access to locks, keys, and combinations the minimum necessary for efficient operations as outlined?		

IDS and Security Lighting:	Y / N	Notes
Where IDS is required does the IDS system consist of at least two types of sensors, a means of alarm annunciation at a monitoring location from which an armed response force can be dispatched, and an electronically supervised circuitry between the two?		
Where IDS is required is the IDS system designed per UFGS 28 10 05?		
If the resources are not entirely within a container, are IDS sensors installed so that they can detect intruders before a breach is made in any component of the vault, room, or building associated with providing delay and does the vault, room, or building provide a delay greater than or equal to the time required for the response force to respond to the alarm?		
Are duress switches or holdup buttons included in the installation of the IDS system when required by Army policy and may they be considered elsewhere when locale conditions warrant them? (Design review requirements of AR 190-13 apply).		
Is a Standard Operating Procedure (SOP) for the activation, deactivation, and monthly test of the IDS published, and do they include instructions for maintaining an accurate IDS log?		
Are storage areas provided with operational interior and exterior lighting during hours of darkness?		
Where IDS is in use, is signage prominently displayed warning that a particular area is protected by IDS using the IDS sign specifications in AR 190-11?		
If a closed circuit television (CCTV) system is employed as a means to visually assess an intrusion alarm annunciation, is the system installed IAW prescribing regulations and funded by Command funds using core budget dollars which may be used to purchase, install, and maintain physical security equipment and supplies?		

Security Checks:	Y / N	Notes
Are all isolated structures having controlled medical substances or medically sensitive items checked every four hours?		
When the medical or research, development, test, and evaluation facility is not occupied are security checks conducted at irregular intervals not exceeding every four hours to avoid establishing a pattern and recorded using the SF 702 and a DA Form 1594? (Security checks are not required if an operational IDS is present).		
During nights, weekends, and holidays are the frequency of security checks every four hours to provide for deterrence and early detection of entry? (Security checks are not required if an operational IDS is present).		
Does security pay particular attention directed to windows, doors, or other points of entry, and locking devices?		
Are all instances of suspected theft, loss, illegal entry, open or unlocked facilities or containers, and other incidents of a suspicious origin reported immediately to designated authorities?		
Is surveillance maintained for all instances of suspected theft, loss, illegal entry, open or unlocked facilities or containers until responding personnel arrive at the scene?		

Reliability of Persons Having Unaccompanied Access to Controlled Medical Substances:	Y / N	Notes
Does the unit utilize the Commander's program, where Commander's/ Directors must be aware of, and concerned with, the reliability at all times of personnel having unaccompanied access to controlled medical substances?		
If the unit utilizes the Commander's program, has the unit Commander/director utilized the Delegation of Authority?		
Has the Commander/Director, utilizing the Delegation of Authority, retained the responsibility to review decisions to qualify or disqualify personnel, and issue a written delegation of authority by memorandum for a certifying official who will have responsibilities for the determination process?		
Is the decision concerning the reliability of personnel for the Delegation of Authority inherently a governmental function?		
Is the DA Form 7708 (Personnel Reliability Screening and Evaluation Form) used to document the process of determining the reliability of persons that are projected to have unaccompanied access to controlled medical substances, and continued evaluation of persons already having such access?		
Do supervisors at all levels know they have an inherent responsibility to inform the commander/director of all cases of erratic performance of poor judgement by personnel on or off duty that could affect duty reliability?		
Are personnel continuously evaluated in this program and any incident or problem by personnel that might be cause for temporary or permanent removal reported to the certifying official and supervisors and are verbal or telephonic communications confirmed in writing?		
To ensure commanders/activities are aware of patterns of behavior that may indicate unreliability, do commands/activities establish a system to include documentation related to discipline of employees in both supervisor and employee records, and are these records periodically reviewed by certifying officials?		
If the commander/director becomes aware of behavior that may reflect adversely on an employee's loyalty as outlined in AR 380-67, is a DA Form 5248-R (Report of Unfavorable Information for Security Determination) is the form completed and forwarded forthwith to the Commander, U.S. Army Central Personnel Security Clearance Facility (PCCF-M) Fort Meade, MD 20755-5250?		
Is the reporting of all medical treatment and medication that may impair the ability to perform the essential functions of the job provided to the competent medical authority as it occurs, regardless of whether the treatment was provided through the federal health system or by a private health care provider?		
Does the examining physician make a recommendation to the certifying official concerning the potential impact of the condition, treatment, or medication on reliability?		
If the examining physician is not in federal service, then is the evaluation findings and the examining physician's recommendation be forwarded to a physician having federal status for review and approval?		
Does the certifying official interview the person to appraise character, judgment, reliability, attitude, emotional and mental maturity, and sense of responsibility?		
Is the interview documented on DA Form 7708 and completed per appendix E of AR 190-13?		
Is the reliability determination reviewed every year in the onboarding month or upon change of status? (for example, departs the unit, criminal activity whether alleged or adjudicated).		
Is an access roster posted inside the storage area listing the names, duty positions, and dates of full program enrollment for persons authorized unaccompanied access to controlled medical substances, or authorized custody or possession of keys and combinations to locks used to secure controlled medical substances?		

Is the access roster containing the list checked for accuracy every 30 days and check of this roster documented in the unit files?		
Are rosters of personnel having access to controlled medical substances contained in point-of-use machines maintained in a central, controlled area?		
Is access to controlled medical substances denied for persons who are undergoing an investigation, treatment, rehabilitation, judicial or non-judicial processes, or administrative action as a result of actual or suspected drug use, and may be reinstated when suspicions or allegations against the person are determined will be unfounded, or when rehabilitation is successful under the provisions of AR 40-68?		

Pharmacy Level Storage of Controlled Medical Substances:	Y / N	Notes
Are pharmacies containing controlled items designated as restricted areas and constructed per appendix B-2 of the AR 190-51?		
Are pharmacies located in medical treatment facilities equipped with an IDS system per paragraph 4-3 of the AR 190-51?		
Are duress switches provided at the dispensing window of pharmacies located within medical treatment facilities?		
Do personnel on duty have access to the duress switch at all times during periods of operation?		
Is the IDS system tested monthly and is coordination made with the servicing security force(s) to schedule the test of the IDS?		
Are the results of the scheduled IDS testing annotated on DA Form 4930 or electronic equivalent form, and maintained for one year?		
Are containers of Note R and Q substances positioned so they are not readily visible to the public, when operationally feasible?		
Are Note C substances stored per Note Q or Note R substances as applicable?		
Are containers with Note R and Note Q substances locked when access is not required for operational use?		
Are Note R and Note Q substances locked using lock and key control requirements per paragraph 4-4 of the AR 190-51?		
Do pharmacies with controlled medical substances have interior and exterior lighting of sufficient intensity to enable electronic or visual surveillance by security forces, duty officers, or other designated personnel?		
Are security checks of pharmacies conducted on an irregular basis during non-duty hours to avoid establishing a predictable pattern?		
For security checks at pharmacies, is particular attention directed to doors, windows, and other possible points of entry and are doors locked at all times, except when authorized personnel are entering or exiting the pharmacy?		
Is a CCTV system employed at high-risk facilities for surveillance and intrusion alarm assessment?		

Medical Supply Storage Areas:	Y / N	Notes
Is access to medical supply storage areas controlled at all times?		
Are signs posted at the activity entrances for medical supply storage areas stating, "Off Limits to Unauthorized Personnel"?		
Are keys and keycards controlled per appendix D of the AR 190-51, and limited to the minimum number of personnel for operational necessary?		
Do medical supply storage areas/rooms securing high value items or highly pilfer able items meet construction requirements as outlined in appendix B of the AR 190-51 for a secure storage facility?		
Are tools such as screwdrivers, bolt cutters, and crowbars that can be used to circumvent security, secured when not in use?		
Is exterior lighting provided at activity entrances to medical supply storage areas?		
Are end-of-day security checks conducted and recorded on SF 701 for medical supply storage areas?		
Are unused needles and syringes and other medically sensitive items stored in a locked container?		
Are the keys to the unused needles and syringes and other medically sensitive items controlled per appendix D of the AR 190-51?		
Are used and unused needles and syringes stored in separate cabinets or containers?		
Pending final destruction are used needles and syringes temporarily stored in a closed one-way puncture resistant receptacles such as Sharps containers that must be of a tamper-resistant design and either locked to a mounting device, which is securely fastened to the building structure, or located in a room or area which is locked or under continuous visual surveillance of ward or clinic personnel?		

Point-of-use Level Storage of Controlled Medical Substances:	Y / N	Notes
For authorized personnel in continuous attendance storing dispensing quantities of Note R in double locked containers, are the double locked containers constructed so that forced entry is readily apparent to visual examination?		
When authorized personnel are not in continuous attendance, are dispensing quantities of Note R substances stored in approved point-of-use containers or GSA-approved Class 5 containers?		
Are dispensing quantities of Note Q substances stored per paragraph 4-25 of the AR 190-51?		
If dispensing quantities of Note Q substances are not operationally feasible, are containers constructed of a minimum of 20 gauge steel with a GSA approved locking device combined with other security measures such as continuous visual surveillance, IDS, lighting, and secured inside a locked room and the level of security measures commensurate with the threat, risk, and/or vulnerability?		
Are containers having Note C substances secured per paragraph 4-25 of the AR 190-51?		
Do personnel that inventory and/or stock point-of-use machines with medications to include narcotics validate complete accuracy and are they monitored by supervisory personnel?		
Are personnel access rosters for point-of-use machines established and posted inside the secured area and kept from public view?		
Are point-of-use machines and automated dispensing systems locked at all times unless dispensing, undergoing inventory, restocking, or maintenance when located in controlled access rooms?		
Are signs posted at the activity entrances of point-of-use machines and automated dispensing systems stating, "Off Limits to Unauthorized Personnel"?		
Are electronic entry control systems employed for point-of-use machines and automated dispensing systems?		
Is exterior lighting provided for point-of-use machines and automated dispensing systems?		
Are personnel rosters posted inside the secured area and kept from the public view for point-of-use machines and automated dispensing systems?		
Do authorized personnel provide constant observation of point of use machines and automated dispensing systems when the room is unsecured?		
Are security procedures developed for inventory and stocking accuracy?		
Does a supervisor verify inventory and stocking by signing and dating appropriate accountability documents?		
Do personnel secure access codes to point-of-use machines and automated dispensing systems per AR 25-2?		

Bulk Storage:	Y / N	Notes
Do bulk storage of notes R, Q, and C controlled medical substances comply with the physical security standards as established in Chapter 4 of the AR 190-51? (Bulk storage means storage above using or dispensing level, and is usually found at the logistics warehouses and depot storage level).		
Are bulk storage facilities designated and posted as restricted areas?		
Are warning notice signs at bulk storage facilities that are posted as restricted, in English, and if the location is overseas, are the signs posted in English and the language of the host nation?		
Is access to the storage areas strictly controlled at both the bulk storage and dispensing levels?		
Is refrigerated storage of Note Q (Schedule III-V, i.e.; Ativan syringes) outside or inside of point-of-use dispensers, vault, or security containers, secured in locked containers with a padlock per paragraph D-5d of the AR 190-51?		
Are Note R substances stored in General Services Administration (GSA) approved Class 5 container or a vault constructed per paragraph B-3 of the AR 190-51, and using a Class 5-A vault door? (Small quantities of Note R substances may be stored in a GSA approved Class 5 container or in point-of-use cabinets meeting the requirements of AR 40-3.)		
For existing facilities where it is not practical to construct a vault per paragraph B-3, is a storage site constructed per paragraph B-22 of the AR 190-51?		
Are Note Q substances stored in secure structures per appendix B of the AR 190-51 or locked in containers?		
If containers are used to store Note Q substances, are the containers locked at all times except during restocking, inventory, or dispensing operations?		
Are general medical items or supplies NOT stored with Note Q items?		
At a minimum, is storage of Note Q in an area that is designated and posted as restricted with the level of protection consistent with the type of item and perceived local threat of theft or diversion to unauthorized use?		
Does the designated signage posted include the level of protection consistent with the type of item and perceived local threat or diversion to unauthorized use?		

Safeguards for Controlled Medical Substances During Non-duty Hours:	Y / N	Notes
At the close of business, do designated duty personnel perform a security check prior to departure from rooms or facilities in which Notes R, Q, and C items and other controlled substances and sensitive medical items are stored and are these security checks recorded on SF 701?		
During the security checks, does the designated duty personnel confirm that no Note R, Q, and C items remain unprotected or exposed and the items are secured in designated containers?		
During the security checks, does the designated duty personnel confirm containers are locked and checked properly with such action recorded on the SF 702?		
During the security checks, does the designated duty personnel make certain windows, doors, and other openings are secured to deter access to rooms in which the containers are located?		
During the security checks, does the designated duty personnel make certain any other vulnerable equipment or property is stored and secured properly?		
When duty personnel are not present, is continuous surveillance provided for all bulk storage areas, buildings, and facilities in which Note R, Q, and C items are stored either by guard personnel or by IDS?		
Is a lock and key control program established per appendix D of the AR 190-51 to enhance the protection of all storage containers and facilities?		

Ambulance, Crash Carts, and Emergency Trays:	Y / N	Notes
Are the number of crash carts and emergency trays containing controlled medical substances kept to a minimum and are they provided with maximum security consistent with the requirements for immediate resource availability?		
When controlled medical substances are issued to emergency medical team personnel assigned to an ambulance or emergency vehicle response duties are the substances NOT stored in the vehicle while the vehicle is unattended to the maximum extent practical?		
When not in transit or on a call, is the ambulance checked every four hours when controlled medical substances are aboard?		
Are controlled medical substances aboard ambulances secured in a commercially-available lockable storage container with access only by means of user-unique PINs or biometrics and an automated audit trail log?		
Are emergency assemblages containing controlled medical substances sufficiently protected? But they must not hamper ready and authorized visual inspection and immediate removal for use.		

Security Standards for Infectious Agents & Toxins (IAT):	Y / N	Notes
Is access to infectious agents and toxins (IAT) rooms or suites limited to designated personnel that have an operational need?		
Are rooms arranged as a suite having a common access door secured at the common access door when not attended?		
Are end of day security checks for IAT rooms and suites conducted and recorded on SF 701?		
Are key and lock requirements for access to IAT rooms and suites, and to keys, locks, and protective seals that protect resources controlled per appendix D of the AR 190-51?		
Are signs posted at the entrances to IAT rooms/suites stating, "Off Limits to Unauthorized Personnel"?		
Are IAT containers locked when they are unattended?		
Is a security plan for IAT prepared and integrated into the overarching laboratory/hospital physical security plan?		
Are inventories for IAT scheduled and conducted per the guidance issued by the Office of the Surgeon General?		
Is each room containing IAT secured when not attended, to include, the common suite door and individual doors to rooms that are located in a suite of rooms?		