**Controlled Substance Use Authorization Application**

**UC Merced Environmental Health & Safety**

This Authorization is required to obtain, possess, and/or dispense controlled substances for nonpatient purposes at UC Merced. The information described herein is used to obtain Federal licensure for the possession and/or use as described in this document. In accordance with UC Merced’s PPM Section 523-2.2.1, Narcotics, Dangerous Drugs and Chemical Carcinogens, the following information and signatures are submitted to request approval for:

**Principal Investigator:**

**Department:**

(EH&S use only: CSUA # Registration # )

**LOCATION OF CONTROLLED SUBSTANCE (CS) USE:**

(Each CSUA provides authorization for one location)

UCM Campus  Castle Laboratory Facility

Other

**CONTROLLED SUBSTANCE SCHEDULES COVERED BY THIS CSUA:**

Schedule(s):  **II  II N  III  III N  IV  V  List I/Precursor Chemical**

**ACTION ITEM: REQUIRED SECTIONS OF THIS FORM:**

New Request for CSUA . . . . . . . . . . . . . . . . I, II, III, IV, V + Inventory Form

+ Personnel Datasheet(s)

Storage Location Change . . . . . . . . . . . . . . . I, IV

CSUA Renewal (Annual) . . . . . . . . . . . . . . . I, II, III, V

Authorized Personnel Addition . . . . . . . . . . III + Personnel Datasheet(s)

Authorized Personnel Removal . . . . . . . . . . III

Addition of CS to existing CSUA . . . . . . . . I, II

Amendment to CSUA All applicable sections needing amendment

**Return completed and signed forms to Karen Smith**

UC Merced’s Controlled Substance procedures can be found on the website: http://larc.ucmerced.edu/controlled-substances

If you require assistance in completing this form, please contact the Controlled Substance Program Manager, Karen Smith, at (209) 228-7864 or [ksmith23@ucmerced.edu](mailto:ksmith23@ucmerced.edu).

**Section I: (To be completed by Principal Investigator)**

Principal Investigator’s name (PRINT):

UCM department: Address:

Office location: E-mail address:

Phone number: Fax number:

**CS STORAGE LOCATION:** Controlled substance storage locations are strictly regulated. Contact the Controlled Substance Program Manager at (209) 228-7864 or ksmith23@ucmerced.edu for more details *before* investing in storage facilities. All facilities must be approved by the Controlled Substances Program Manager prior to use (see Section IV of this form).

**(Building, room number, room function):**

EH&S Approval date:

**CS STORAGE TYPE:** Storage container must remain locked when not in use.

**Cabinet** **Drawer** **Safe** **Other**

Within the past five years, have you been convicted of a felony, or within the past two years of any misdemeanor, or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses, or military convictions, except by general court-martial).

If the answer is yes, furnish details of conviction, offense, location, date, and sentence on additional page.

Yes  No

In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other that those prescribed to you by a physician? If the answer is yes, furnish details on additional page.

Yes  No

Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended, or denied?

Yes  No

Appropriate use of controlled substances in the research laboratory is the responsibility of the Principal Investigator. I verify that all University, State, and Federal regulations will be followed when my researchers or I are using, storing, and disposing of all controlled substances in my laboratory.

By signing below, I authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. I understand that any false information, omission of information, or misuse of controlled substances will jeopardize my position with the University. Information included herein will not preclude me from utilizing controlled substances in non-human research at UCM, but will be considered as part of the overall evaluation of qualifications in the application.

The DEA requires that an employee who has knowledge of drug diversion from his/her employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. At UCM, all such reports can be made confidentially to the Controlled Substance Program Manager who will inform the appropriate campus officials and initiate an investigation on the allegations. The protection of an individual’s right to privacy will be upheld in all confidential inquiries.

I have reviewed UC Merced’s Controlled Substances Policies and procedures and agree to abide by them:

Principal Investigator signature: Date:

**Section II: Controlled Substance Use for Research Purposes**

**CONTROLLED SUBSTANCE USE**

List all controlled substances individually; list all items which may be needed this year or are currently in possession. Attach extra copies of form per substance if needed. See CS website for DEA and Schedule numbers. Fields marked with ^ denote need for one sentence summary in layman’s terms.

|  |  |
| --- | --- |
| Controlled substance name |  |
| DEA # & Schedule # (I-V) |  |
| Title of project^ |  |
| Statement of purpose^ |  |
| Description of procedure (attach if necessary)^ |  |
| Purpose of CS use  (oscillating clock reaction, etc) |  |
| Duration of project  (Ongoing, 6 months, etc.) |  |
| Estimated CS need  (yearly approximate) |  |
| Additional comments: |  |

**CONTROLLED SUBSTANCE USE IN ANIMAL RESEARCH:**

List all controlled substances individually; list all items which may be needed this year or are currently in possession. Attach extra copies of form per substance if needed. See CS website for DEA and Schedule numbers. Fields marked with ^ denote need for one sentence summary in layman’s terms.

|  |  |
| --- | --- |
| Controlled substance name |  |
| DEA # & Schedule # (I-V) |  |
| Title of research project^ |  |
| Statement of purpose^ |  |
| Description of research protocol^ |  |
| Animal protocol # |  |
| Protocol expiration date |  |
| Purpose of CS use  (anesthesia, analgesia, etc) |  |
| Animal species |  |
| Duration of project  (Ongoing, 6 months, etc.) |  |
| Estimated CS need  (yearly approximate) |  |
| Additional comments: |  |

**CONTROLLED SUBSTANCE USE FOR *IN-VITRO* RESEARCH PURPOSES\*:**

**\* Required** - Attach applicable experimental protocol(s) to this application.

List all controlled substances individually; list all items which may be needed this year or are currently in possession. Fields marked with ^ denote need for short summary in layman’s terms.

|  |  |
| --- | --- |
| Controlled substance name |  |
| DEA # & Schedule # (I-V) |  |
| Title of project^ |  |
| Statement of purpose^ |  |
| Experimental use description\* |  |
| Dosage/experiment |  |
| # Experiments/year |  |
| Duration of project  (Ongoing, 6 months, etc.) |  |
| Estimated CS need  (yearly approximate) |  |
| Additional comments: | |

**Section III: Controlled Substance Authorized Personnel List**

Principal Investigator name:

Department: CSUA#:

**PRIMARY CONTROLLED SUBSTANCE LAB CONTACT INFORMATION:**

(This person will be contacted first when CS shipments arrive for pickup, audit scheduling, etc.)

Name:

Check Either:  Authorized Personnel  Administrative Contact

(Note: Administrative Contacts can not access, pickup, or handle controlled substances and they do not have to fill out a PSDS)

Phone number: E-mail:

**SECONDARY LAB CONTACT INFORMATION (if appropriate):**

(This person will be contacted as a backup for Primary Controlled Substance Lab Contact.)

Name:

Check Either:  Authorized Personnel  Administrative Contact

(Note: Administrative Contacts can not access, pickup, or handle controlled substances and they do not have to fill out a PSDS)

Phone number: E-mail:

**A. List names of people authorized\* by Principal Investigator to pickup CS** **shipments:**

(Include lab contacts here as well if applicable)

**Print name:** Add to CSUA\* Maintain on CSUA Remove from CSUA

1.  . . . . . .  . . . . . .

2.  . . . . . .  . . . . . .

3.  . . . . . .  . . . . . .

**B. List names of all additional people authorized\* by Principal Investigator to access, dispense, and/or handle CS:**

(Those people authorized (in part A, above) to pickup shipments do not need to be listed here)

**Print name:**  Add to CSUA\* Maintain on CSUA Remove from CSUA

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. . . . . .  . . . . . .

\* Each person being added to the CSUA must fill out a Personnel Screening Datasheet on p.5.

I authorize the personnel as listed above to use Controlled Substances under my CSUA, signed:

Principal Investigator signature: Date:

**Section IV: Controlled Substance Storage Facility and Security Approval**

EH&S APPROVAL OF STORAGE LOCATION: Storage approval for CS Schedules II-V:

APPROVAL DATE EH&S SIGNATURE

**Section V: Approval of the Dean**

The signature below represents departmental approval of the use of controlled substances in accordance with UCM Policy, the terms and conditions of applicable experimental and animal protocols, and authorizes the Principal Investigator and the staff he/she appoints to receive shipments of and utilize controlled substances as indicated in Section I, II, and III in the attached application. Deans do not have keyed access to controlled substances in departmental inventory.

Have you ever been convicted of a felony in connection with controlled substances under State or Federal Law?

Yes  No

Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended, or denied?

Yes  No

The DEA requires that an employee who has knowledge of drug diversion from his/her employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. At UCM, all such reports can be made confidentially to the Controlled Substance Program Manager who will inform the appropriate officials and initiate an investigation on the allegations.

By signing below, I authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. I understand that any false information, omission of information, or misuse of controlled substances will jeopardize my position with the University.

Signature: Date:

Printed name: Address:

Title: Department:

Return this form to Karen Smith at EH&S 5200 N Lake Rd, Merced, CA 95343

For information pertaining to Controlled Substance use for Research & Teaching purposes at UCM refer to: <http://larc.ucmerced.edu/controlled-substances>

**Personnel Screening Data Sheet - UCM Controlled Substance Program**

**Environment, Health & Safety, UC Merced**

Principal investigators: Use this form to add an Authorized Personnel to your Controlled Substance Usage Authorization (CSUA). The following is to be filled out by all proposed handlers of controlled substances (CS) (21CFR1301.90). Return the completed form to the Controlled Substance Program Manager, 5300 N. Lake Rd., Merced, CA 95343 or fax (209) 228-4379.

**APPLICANT INFORMATION:  Add to CSUA as an Authorized Personnel**

**Designate as CS** **Lab Contact**

**Authorized to Pickup Controlled Substance Shipments**

Name: Employee/Student/Passport #:

Lab/Office location: Phone:

E-mail address: CSUA#:

Within the past five years, have you been convicted of a felony, or within the past two years of any misdemeanor, or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses, or military convictions, except by general court-martial.) If the answer is yes, furnish details of conviction, offense, location, date, and sentence on additional page.

Yes No

In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details on additional page.

Yes No

By signing below, I authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. I understand that any false information, omission of information, or misuse of controlled substances will jeopardize my position with the University. Information included herein will not preclude me from utilizing controlled substances in non-human research at UCM, but will be considered as part of the overall evaluation of qualifications in the application.

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Applicant signature: Date:

**PI authorization for the person (identified above) to handle controlled substances issued to the PI:**

Principal Investigator signature: Date:

Principal Investigator name: