

Controlled Substance Use Authorization (CSUA) Application

Investigator Data

Type of Application: Controlled Substance Precursor/List I Chemicals

Status: New Update Renewal

Principal Investigator Name: _____ Department: _____

Phone: _____ Email: _____

Department Chair Name: _____ Department chair Email: _____

Controlled Substance(s) requested

List all controlled substances individually. Include all items which may be needed this year or are currently in possession. To determine if your chemical is a controlled substances review the [List of Regulated Chemicals](#).

Substance Name (Brand name in Parenthesis)	DEA Schedule	DEA Number if applicable	Purpose	Research Protocol (Please list AUP number or describe your protocol if not for animal use)	Estimated usage per year
	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Precursor / List I chemicals		<input type="checkbox"/> Anesthesia <input type="checkbox"/> Analgesia <input type="checkbox"/> Euthanasia <input type="checkbox"/> Other:		
	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Precursor / List I chemicals		<input type="checkbox"/> Anesthesia <input type="checkbox"/> Analgesia <input type="checkbox"/> Euthanasia <input type="checkbox"/> Other:		
	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Precursor / List I chemicals		<input type="checkbox"/> Anesthesia <input type="checkbox"/> Analgesia <input type="checkbox"/> Euthanasia <input type="checkbox"/> Other:		
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Storage Locations

Identify the storage location(s) and security measures that will be implemented. NOTE: Controlled substance storage locations are strictly regulated, and must be approved by Environmental Health & Safety prior to use. For examples of proper security measures review the **Storage Requirements** at <http://ehs.ucr.edu/controlledsubstances>.

Building	Room	Security Measures	Please upload an image of your storage location
		<input type="checkbox"/> Safe <input type="checkbox"/> Securely Locked cabinet <input type="checkbox"/> Locked Drawer <input type="checkbox"/> Other:	
		<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Securely Locked cabinet <input type="checkbox"/> Locked Drawer <input type="checkbox"/> Other:	
		<input type="checkbox"/> Safe <input type="checkbox"/> Securely Locked cabinet <input type="checkbox"/> Locked Drawer <input type="checkbox"/> Other:	
		<input type="checkbox"/> Safe <input type="checkbox"/> Securely Locked cabinet <input type="checkbox"/> Locked Drawer <input type="checkbox"/> Other:	

Authorized Personnel

Provide information on all personnel authorized to sign for, access, dispense, and or handle controlled substances. These individuals will receive a request to submit a **Personnel Data Screening Sheet**.

Role	Name	Email	Authorized to access controlled substances		Authorized to receive controlled substances	
Principal Investigator			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Primary Lab Contact for controlled substances			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized personnel			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized personnel			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized personnel			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized personnel			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized personnel			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized personnel			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized personnel			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certification

I understand that I must successfully pass a criminal background check before I am authorized to work with controlled substances. I understand that all individuals in my laboratory that I authorize to work with these controlled substances must also successfully pass a criminal background check. I understand that I must keep the list of authorized employees current by communicating with Environmental Health & Safety whenever an individual leaves or I intend to authorize a new individual. I understand that I must notify Environmental Health & Safety of any change in room locations, including additions and deletions. I understand that I must provide proper security for the controlled substances at all times and keep accurate inventory and usage records.

I certify that (1) the information provided on this form is accurate; (2) I am familiar with the requirements of the UCR Controlled Substances Program; and (3) all uses of these controlled substances will be in accordance with these requirements and in compliance with DEA regulations. **The term of an approved Controlled Substance Use Authorization is 3 years and must be renewed after that time.**

Acknowledgement:

Principal Investigator Signature: _____ Date: _____

Principal Investigator Name: _____

Department Approval:

Department Chair Signature: _____ Date: _____

Department Chair Name: _____

EHS Approval:

Controlled Substance Program Coordinator: _____ Date: _____

Controlled Substance Program Coordinator Name: _____

DEA registration # _____

CSUA #: _____