

**San Diego State University  
Environmental Health & Safety  
CONTROLLED SUBSTANCE USE AUTHORIZATION APPLICATION**

Principal Investigator: \_\_\_\_\_

Principal User or Lab Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

Office Location: \_\_\_\_\_ Lab Location: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Lab Phone: \_\_\_\_\_

**Section 1 – Project Information To be Completed by Applicant (Please Type or Print)**

**I. Grant Information**

Project Title(s):	Granting Agency(s):	Sponsor Award # or Fund #:	Project Period:
Non-Funded Project Titles:			

**II. Project Description**

Provide a short narrative describing the nature of your research or instructional projects. Include project specific description detailing the purpose and use of controlled substances. Narratives from other applicable university protocols, such as approved Animal, Biosafety or Human Subject Protocols can be used in the description. Attach a separate sheet if additional space is required. **A change in the project would require submission of the CONTROLLED SUBSTANCES AUTHORIZATION AMENDMENT APPLICATION.**

## Section 2 - Verification and Approvals

### I. Required Institutional Committee or Departmental Verification & Approval

Does this research involve animal subjects or tissues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protocol # (IACUC Approval)		Expiration Date	
Does this research involve biohazardous agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protocol # (IBC Approval)		Expiration Date	
Does this research involve human subjects or tissue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protocol # (IRB Approval)		Expiration Date	
Other:	Department Chair Signature:			Date:	

## Section 3 – Controlled Substance(s), Storage and Personnel

### I. Description of type(s) of drug(s) to be used:

NAME OF CONTROLLED SUBSTANCE	Schedule Number	Number of Containers	CONTENTS (number of grams, tablets, ounces or other units per container)	Controlled Substance Content (per container )
1.				
2.				
3.				
4.				

### II. Storage Location:

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Describe Secured Storage: \_\_\_\_\_

Use/Administer Location:

Building: \_\_\_\_\_ Room: \_\_\_\_\_

III. Names of individual(s) working on this project who will be authorized to receive, store, administer, and maintain security and records of disposition for these substances. Principal Investigators need to complete and submit to EHS the PI SCREENING DATA SHEET. All other individuals handling controlled substance(s) need to complete and submit to EHS the PERSONNEL SCREENING DATA SHEET. All individuals handling precursor/list chemical(s) also need to complete and submit to EHS the ACKNOWLEDGMENT FORM.

### IV.

Name	Title	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**IMPORTANT: Submit a CONTROLLED SUBSTANCE AUTHORIZATION AMENDMENT APPLICATION form to EH&S immediately if there is a change in the name, quantity or strength of drug, project and/or personnel who are authorized to handle the controlled substances.**

**Section 4 – Acknowledgement (Applicant must sign)**

I certify that I have read and understood the SDSU Procedure for the Use of Controlled Substances in research. I further certify that, to the best of my knowledge, the information provided in this application is complete and accurate.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

**Section 5 – EH&S Review (To be completed by EH&S)**

- The workplace storage location has been inspection on date: \_\_\_\_\_
- The use of the specified Controlled Substance(s) is approved for the procedures, personnel and location(s) detailed in this application or approved amendment.
- The use of the specified Controlled Substance(s) is not approved. The following needs to be addressed:  
  
\_\_\_\_\_

\_\_\_\_\_  
Controlled Substance Program Administrator Signature

\_\_\_\_\_  
Date