SAN DIEGO STATE UNIVERSITY
ENVIRONMENTAL HEALTH & SAFETY DEPARTMENT
CONTROLLED SUBSTANCE and PRECURSOR/LIST CHEMICAL PROGRAM

PRINCIPAL INVESTIGATOR SCREENING DATA SHEET

All individuals listed in the Controlled Substance or Precursor/List Chemical Use Authorization must complete this form per 21CFR1301.90. Return the completed form to the Controlled Substance Program Manager (Millie Tran; Fax (619) 594-2854, Mail Code 1243 or email mmtran@mail.sdsu.edu).

APPLICANT INFORMATION: ☐ **Principal Investigator** ☐ **Other:_____**

Name: _____ Red ID: _____

Job Title: _____ Office Location: _____

Phone: _____ Email address: _____ Mail Code: _____

Residential Address: _____

Date of Birth: _____ CA Driver's License: _____

The following questions are part of SDSU screening program to fairly assess the likelihood of an individual committing a drug security breach. The need to know this information is a matter of business necessity, essential to overall controlled substances security.

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

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 individual who has knowledge of drug diversion is obligated to report such information to a responsible security official of the employer. At SDSU, all such reports can be made confidentially to the Controlled Substances Program Manager who will inform the appropriate officials and initiate an investigation on the allegations. The protection of an individual's right to privacy will be upheld in all confidential inquiries

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 SDSU, but will be considered as part of the overall evaluation of qualifications in the application.

PI Signature: _____ Date: _____

CSP Manager signature: _____ Date: _____