

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

**PERSONNEL 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](mailto:mmtran@mail.sdsu.edu)).

**APPLICANT INFORMATION:**  **Authorized Recipient** (to sign and receive order)  
(Check all that applies)  **Authorized Personnel** (to access, dispense and administer)

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

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.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The person identified above is approved to receive, access, dispense and administer controlled substance or list chemicals.**

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

CSP Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_