

**San Diego State University
Environmental Health & Safety**

PRECURSOR/LIST CHEMICAL 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 projects. Include project specific description detailing the purpose and use of precursor or list chemicals. Narratives from other applicable university protocols approved by the IACUC, IBC, or IRB 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 PRECURSOR/LIST CHEMICAL 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 – Precursor/Listed Chemical and Personnel

I. Description of type(s) of precursor/list chemical(s) to be used:

Name of Chemicals	List Number (If Applicable)	Number of Containers	Contents (number of grams, tablets, ounces or other units per container)	Chemical Concentration
1.				
2.				
3.				
4.				

II. Storage Location(s):

Building: _____ Room: _____

Describe SecuredStorage: _____

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 chemicals. Principal Investigators need to complete and submit to EHS the PI SCREENING DATA SHEET. All other individuals handling precursor/list chemical(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.

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

IMPORTANT: Submit a PRECURSOR/LIST CHEMICAL 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 drugs.

Section 4 – Acknowledgement (Applicant must sign)

I certify that I have read and understood the SDSU Procedure for the Use of Precursor/List Chemicals 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 Precursor/List Chemicals is approved for the procedures, personnel and location(s) detailed in this application or approved amendment.
- The use of the specified Precursor/List Chemicals is not approved. The following needs to be addressed:

Precursor/List Chemicals Program Administrator Signature

Date