

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

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

Principal Investigator/Instructor: _____

Title: _____

Department: _____

Description of type(s) of drug(s) to be used:

NAME OF DRUG	Schedule Number	Description (narcotic, non-narcotic, depressant, stimulant, opiate derivatives)	Number of Containers	CONTENTS (no. of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each unit)
1.					
2.					
3.					
4.					

Storage Location(s): Student Health Services Pharmacy: _____ (Yes/No) and / or

Working Storage: (Bldg and Room No.) _____

Names of individual(s) who will be authorized to receive, store, administer, and maintain security and records of disposition for these substances:

<u>Name</u>	<u>Title</u>	<u>Signature</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IMPORTANT: Submit a CONTROLLED SUBSTANCES AUTHORIZATION UPDATE form to EH&S immediately if there is a change in the name or numbers of persons who are authorized to handle the drugs.

Section 2 – Project Description

On the back side of this form, provide a short narrative describing the nature of your research or instructional projects, including the purpose for and the manner of controlled substance use. Include reference to other applicable university protocols, such as approved Animal or Human Research Subject protocols. Attach a separate sheet if additional space is required.

