

Controlled Substances  
**Personnel Screening Data Sheet**  
Authorized Personnel

**Instructions:** Use this form to add Authorized Personnel to each Controlled Substance Use Authorization (CSUA). The following is to be filled out by all proposed handlers of controlled substances (21 CFR 1301.90), including Principal Investigators. Please return the completed form by email to LLopez@fullerton.edu.

**Personal information**

**Name:** Faculty Staff Student Volunteer      **Campus Wide ID:** (Employee ID or Student ID)

**Location:** (Building & Room)      **Phone:**

**Email:**      **Principal Investigator:**

**Evaluation**

1. Will you be authorized to sign for receipt of controlled substances?  Yes  No

2. 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).  Yes\*  No

\* If answer is "Yes" furnish details of the offense, conviction, location, date, and sentence on an additional page. Make sure to write your name and identification number on the top of the page

3. In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician?  Yes  No

4. Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended, or denied?  Yes  No

5. Controlled Substances Training Completion date? Date:

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 the California State University Fullerton, but will be considered as part of the overall evaluation of qualifications in the application.

The Drug Enforcement Administration (DEA) requires that an employee who has knowledge of drug diversion from his/her employer by a fellow employee is obligated to report such information to a responsible security official of the employer. All such reports can be made confidentially to the Controlled Substances Program Administrator 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.

Authorized Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for the person (identified above) to handle controlled substances:**

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

Department Chair or Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair or Dean Name (print): \_\_\_\_\_