




## Storage Locations

Identify the storage location(s) and security measures that will be implemented. Controlled substance storage locations are strictly regulated and must be approved by EH&S prior to use. For examples of proper security measures, review **Storage Requirements** in the *Controlled Substances Procedures Manual*. An updated CSUA must be submitted if there are storage location changes. Please describe the exact location to which the controlled substance can be found.

Building	Room	Security Measures	Description of Location
		Safe Secured Locked Cabinet Locked Drawer Other:	
		Safe Secured Locked Cabinet Locked Drawer Other:	

## Authorized Personnel

Provide information on all personnel authorized to sign for, access, dispense, and/or handle controlled substances. All individuals must complete: 1) *Personnel Screening Data Sheet*; 2) *Have completed and passed a background check*; 3) *Have taken Controlled Substances training*. An updated CSUA must be submitted with every personnel addition or removal.

Name (print)	Training Date	Authorized to Receive	Signature 
<i>Principal Investigator</i>		Yes No	
Primary Lab Contact ( <i>*PI delegate</i> )		Yes No	
Secondary Lab Contact ( <i>*PI delegate</i> )		Yes No	
Authorized Personnel		Yes No	
Authorized Personnel		Yes No	
Authorized Personnel		Yes No	
Authorized Personnel		Yes No	

*\*PI Delegate has authorization from the PI to sign for receipt of controlled substances shipments and communicate any related correspondence on behalf of the principal investigator.*

# Certification

I understand that I must successfully pass a criminal background check before I am authorized to work with controlled substances. I understand that all individuals in my laboratory that I authorize to work with these controlled substances must also successfully pass a criminal background check. **I understand that I must keep the list of authorized employees current by communicating with Environmental Health and Safety whenever an individual leaves or I intend to authorize a new individual.** I understand that I must notify Environmental Health and Safety of any change in room locations, including additions and deletions. I understand that I must provide proper security for the controlled substances at all times and keep accurate inventory and usage records.

I certify that (1) the information provided on this form is accurate; (2) I am familiar with the requirements of the CSUF Controlled Substances Program; and (3) all uses of these controlled substances will be in accordance with these requirements and in compliance with DEA regulations. **The term of an approved Controlled Substance Use Authorization is 1 year and must be renewed annually.**



**Acknowledgement:**

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

Date: \_\_\_\_\_

**Approval:**

EH&S Program Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

CSUA # \_\_\_\_\_