Authorized Personnel — Controlled Substances Screening

Instructions for CSUA Holder (PI): Use this form to add authorized personnel to your CSUA. Proposed users of controlled substances (CS) must fill out this form (21 CFR 1301.90) and send to the CS Administrator when completed and signed.

Contact Information: **Controlled Substance Program Administrator** (CS Administrator): **Karl Murphy, Animal Care Facility Manager**

*Office:* Hensill Hall 816 *Telephone:* 415.338.6336

*FAX:* 415. 338-2493 *Email:* [kmurph@sfsu.edu](mailto:kmurph@sfsu.edu)

1. Applicant

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| **First Name** | **Last Name** | **SFSU ID** | **Driver’s License #** |
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| **Work Status** | | |  | | | | **Applicant’s Email** | | | | | |
| Paid Employee (Staff or Faculty or Student) | | | Graduate Student Researcher | | | |  | | | | | |
| Undergraduate Student Researcher | | | Other | | | |
| **Applicant Role** | | | |  | | | **Applicant’s Telephone** | | | | | |
| 🞎 Add to CSUA (as Authorized Personnel) | | | | Provide CSUA # | | |  | | | | | |
| 🞎 Authorize applicant to pick up Controlled Substance Shipments from CS Administrator | | | | | | | | (Max 2 pick-up designees per CSUA | | | |  |
| **Supervisor’s Name (CSUA Holder)** | | **Signature** | | | | **Date** | | | | | **Supervisor’s Email** | |
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2. Background Screening

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| Within the past five years, have you been convicted of a felony, or within the past two years of a 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 a separate page and attach to this form. | | |
|  | 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 a separate page and attach to this form. | | |
|  | YES | NO |
| Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended, or denied? | | |
|  | YES | NO |

3. Authorized User Responsibilities

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| 1. Understand the health hazards of the controlled substance, including local and systemic toxicity, and the conditions and situations that could result in exposure. |
| |  |  | | --- | --- | | 2. Follow the appropriate work practices, which include: | | | - Properly storing and securing controlled substances and usage logs in a securely locked safe or substantially constructed cabinet to prevent unauthorized access. | | | - Accurately recording controlled substance usage, transfer, disposal, and other inventory fluctuations.  - Reporting any lost or stolen controlled substance to CS Administrator. | | |
| 3. Complete Controlled Substances Training. |

4. Reporting Diversion of Controlled Substances

The 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. At SFSU, such reports can be made confidentially to the CS Administrator, who will inform SFSU University Police to initiate an investigation of the allegations. SFSU will take reasonable steps to protect the confidentiality of the information provided, however absolute confidentiality cannot be guaranteed. The protection of an individual's right to privacy will be upheld in all confidential inquires to the extent feasible.

5. Acknowledgement

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 research at SFSU, but will be considered as part of the evaluation of qualifications in the application. I acknowledge my responsibilities in using Controlled Substances and agree to follow all SFSU and legal requirements.

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| **Applicant’s Signature** |  | | **Date** |  |