

Personnel Screening Data Sheet (Appendix 2A)

Controlled Substances Program - Environmental Health & Safety - UCI

All proposed handlers of controlled substances (CS) must submit a Personal Screening Data Sheet to EH&S, per UCI policies and procedures Sec. 903-15, Section 707-10 and 21CFR1301.90. CS training is required prior to personnel approval per UCOP BUS50.

Applicant: Complete CS Training and submit this form to your PI for signature. Return form to EH&S by either:

- Fax (949-824-4535) E-mail (occhlth@uci.edu), or Mail (Attn: EH&S CSUA, ZOT 2725)

CS Training required through [UC Learning Center](#), keyword search "controlled substances **Training completed on:** _____

ASSIGN APPLICANT PRIVILEGES:

- Designate as CS Lab Contact (Circle one: Primary / Secondary)
 Authorized Recipient (OK to Pickup Controlled Substance Shipments)

Applicant Name (First Middle Last): _____ Date of Birth: _____

Driver's License/ID # or Passport#: _____ State/Country: _____

Employee or Student ID#: _____

Home Address: _____

Lab/Office Location: _____ Phone Number: _____ E-Mail Address: _____

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.) If the answer is Yes, furnish details of conviction, offense, location, date, and sentence on additional page.

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 additional page.

Yes No

Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended or denied?

Yes No

By signing below, I agree to comply with UCI's Controlled Substances Program Policies and Procedures and 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 UCI, but will be considered as part of the overall evaluation of qualifications in the application.

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 UCI all such reports can be made confidentially to the Controlled Substance Program Coordinator who will inform the appropriate officials and initiate an investigation of the allegations. The protection of an individual's right to privacy will be upheld in all confidential inquiries.

Applicant signature: _____ Date: _____

PI authorization for the applicant (identified above) to handle and/or access controlled substances issued to PI:

Principal Investigator Signature: _____ Date: _____

Principal Investigator name: _____

09/2016