

Personnel Screening Data Sheet (PSDS)

Controlled Substances Program - Environment, Health & Safety - UCSD

All proposed handlers of controlled substances (CS) must be 18 years or older and submit a Personal Screening Data Sheet to EH&S, per PPM 516-7 and 21CFR1301.90. CS training required prior to personnel approval per [UC BUS50](#).

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

- Fax (858-822-0561), E-mail (ehscs@ucsd.edu), or Mail (Attn: Wendy Scott, MC: 0090)
- PI or Lab Contact can directly upload this form to the Authorized Personnel section of your CSUA. Use the Authorizations tab on My Research Safety (<http://ehs.ucsd.edu/myresearchsafety>) to gain access to your CSUA online.

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

- ASSIGN APPLICANT PRIVILEGES*:**
- Designate as CS Lab Contact (Circle one: Primary / Secondary)
 - Authorized Recipient (OK to Pickup Controlled Substance Shipments)
 - Access to Storage Keys or Codes

* Privileges can be updated by PI or CS Lab Contacts in the [CSUA](#) Sections 2 and 3

Applicant Name (First Middle Last): _____

Date of Birth: _____ Employee / Student ID#: _____

Driver's License/ID # (If no driver's license put "N/A"): _____ State: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Lab/Office Location: _____ Phone Number: _____

E-Mail Address: _____ Mail Code: _____ CSUA #: _____

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 UCSD'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 UCSD, 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 UCSD, all such reports can be made confidentially to the Controlled Substances Program Manager 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.

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: _____

(11/17)