



# CONTROLLED SUBSTANCES **AMENDMENT** FORM

Authorized Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Main Lab/Office: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mail Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This form is for investigators wishing to apply for, amend, or cancel a controlled substances authorization.

### A. ADMINISTRATION:

Application for new CS authorization     Amend current authorization     Cancel existing authorization

### B. LOCATION:

Where will the controlled substances be stored? \_\_\_\_\_ Building and room number: \_\_\_\_\_

[Please **ATTACH A MAP** of the lab and indicate the area where the controlled substances will be secured.]

How will the controlled substances be secured from unauthorized access?

**Controlled substances must be secured at all times. Please describe how you intend to meet this requirement.**

In a locked box inside a locked drawer/cabinet.     In a safe secured to the facility.     By other means (explain).

**The only items that can be stored in this area are the controlled substances (inner box) and the inventory records (inner or outer locked area). Only authorized individuals may have access to the keys or the storage area.**

### C. PERSONNEL:

**ADD:** Submit a "DEA Controlled Substances Questionnaire" for each employee listed below and indicate what actions they will be authorized to perform: order, sign for receipt of, and/or use controlled substances.

Name	Order		Authorized to Sign/Receive		Use		Signature
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**DELETE:** Remove former authorized users by writing their names in the spaces below.

\_\_\_\_\_  
\_\_\_\_\_

### D. RESPONSIBILITIES: [FILL-IN THIS SECTION ONLY IF THIS IS A NEW APPLICATION]

As the responsible investigator I agree to...

- Maintain an accurate inventory at all times. Blank forms will be provided by EH&S upon delivery.
- Keep the locked boxes/cabinet free of all materials except for the controlled substances and the inventory records. Items that are not controlled substances may not be stored in either the inner or outer box/cabinet.
- Immediately report any suspected loss or theft of the controlled substances.
- Limit access to the controlled substance storage location, keys, and/or access codes to those individuals listed on my controlled substance authorization.
- Contact EH&S to dispose of any unused/expired controlled substances as needed.
- Make the inventory and records available to EHS and/or DEA inspectors upon request.

PI Init.s

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PI Signature: _____	CSAuth#: _____
EH&S Manager: _____	Date: _____