



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Laboratory Safety Office

1200 Carothers

Tallahassee, Florida 32306-4481

Phone: 850.644.8916 Fax: 850.644.8842 Web: www.safety.fsu.edu

CONTROLLED SUBSTANCE REQUEST FOR REGISTRRTATION

Researcher information

Principal Investigator (PI) Driver's License # and State Today's Date

PI Position Title Social Security Number Department

Building Room Campus Phone Email Address
Check this box if you have ever been convicted of a crime in connection with controlled substances under state or federal law
Check this box if you have ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied
Check this box if you have ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation

Facility information
Controlled substance storage location:
Use location if different than storage location (drugs must be returned to storage location after procedure)

Building Room Building Room
Describe completely the storage cabinet or safe and locking device for the controlled substance: (Include specific security containers dimension, make, and model if known. Contact EH&S if this information is not yet available.)

Describe completely the type of proposed security for the controlled substance: (i.e. alarms, guards, building access controls, days & hours of operations.)

Staff and personnel information

Indicate who will have total responsibility for all recordkeeping and security:

Name Campus phone Email address
List all individuals who will have access to the controlled substance:

Name Position
Name Position
Name Position
Name Position
Check this box if you are attaching additional staff and personnel on a separate sheet.

Principal Investigator:

Controlled substance information

Indicate what type of recordkeeping forms you are planning to use:

- EH&S Controlled Substance Use Log EH&S Controlled Substance Use Log for Animals Other (please attach a sample copy)

Name of controlled substance to be used: (DEA drug codes can be found at: <http://www.deadiversion.usdoj.gov/schedules/schedules.htm>)

Controlled Substance	DEA Drug Code (if known)	Quantity/packaging size	Purchase frequency
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Check this box if you are attaching additional controlled substance information on a separate sheet.

Name of controlled substance supplier – if not known, contact EH&S for information regarding suppliers:

Supplier	Address	Phone number	DEA # (if known)
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Check this box if you are attaching additional supplier information on a separate sheet.

Controlled substance use information

Please provide a description of the purpose of the research and the purpose of the controlled substance in the research in one paragraph – or contact EH&S for guidance.

Note: Applicants registering for Schedule I controlled substances

Please provide a detailed description of the research including the following information:

- Curriculum vitae and appropriate bibliography
- Title of research project
- Statement of purpose of the research project
- Description of research involving controlled substances
- Number of species of research subjects
- Total amount of controlled substance to be purchased
- Duration and funding of project
- Name, dosage, route/method of controlled substance to be administered