

UCSB Controlled Substances Program Project Registration Form

To be Completed by the Principal Investigator for each project using Controlled Substances		
Principal Investigator Name: _____ Date: _____ University ID #: _____ Department: _____ Name on DEA Registration: _____ DEA Registration # _____ Schedules _____ Expiration Date: _____ Phone: _____ E-mail: _____ Lab number/address where controlled substance(s) will be stored: _____ _____		
Project Name: _____ Effective Dates: _____ Brief Description of Project: _____ _____ _____ _____		
Controlled Substance(s) Needed for the Project – please list: 1) _____ 2) _____ 3) _____ 4) _____	DEA Schedules 1) _____ 2) _____ 3) _____ 4) _____	Estimated average amount on hand at any given time/ estimated quantity to be used per year: 1) _____ / _____ 2) _____ / _____ 3) _____ / _____ 4) _____ / _____
Will the controlled substance(s) be used in animal research? Yes No	If yes, IACUC's Approval Required Protocol #: _____ Date Approved: _____	
Does the project require approval by the Research Advisory Panel under California Health & Safety Code Sections 11480 & 11481? Yes No	If yes, proof of RAPC's Approval Required PR#: _____ Date Approved: _____	
Names of Individuals Authorized to have Keys to Controlled Substances Stored in Lab: 1) _____ 2) _____ 3) _____	University ID # 1) _____ 2) _____ 3) _____	

Authorizing Department must submit this form directly to EH&S after signing.

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Names of Individuals Authorized to Work With Controlled Substances in Lab not listed above: 1) _____ 2) _____ 3) _____ 4) _____	University ID # 1) _____ 2) _____ 3) _____ 4) _____
Describe the security procedures to be used for controlled substances: _____ _____ _____ _____ _____ _____	

I understand that I may have to successfully pass a criminal background check before I am authorized to work with controlled substances.

I understand that all individuals in my lab that I authorize to work with these controlled substances may also have to successfully pass a criminal background check.

I understand that I must keep the list of authorized employees current by communicating with EH&S whenever an individual leaves or I intend to authorize a new individual.

I understand that I must provide proper security for the controlled substances at all times and keep accurate inventory and usage records.

I certify that (1) the information provided on this form is accurate; (2) that I am familiar with the requirements of the UC Santa Barbara Controlled Substances Program and (3) all uses of these controlled substances will be in accordance with these requirements and in compliance with DEA regulations.

Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

EHS Approval Signature: _____

Date: _____

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