

# Controlled Substances Program Registration



Lawrence Berkeley  
National Laboratory

Today's Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Division: \_\_\_\_\_ Location (Bldg/Room) \_\_\_\_\_

Controlled Substance Custodian: \_\_\_\_\_

List the controlled substances to be used, include Schedule designation

(<http://www.deadiversion.usdoj.gov/schedules/index.html>)

\_\_\_\_\_ Schedule: \_\_\_\_\_ Quantity required \_\_\_\_\_

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Are there exempt chemical preparations that can be substituted for the controlled substance?

([http://www.deadiversion.usdoj.gov/schedules/exempt/exempt\\_chemlist.pdf](http://www.deadiversion.usdoj.gov/schedules/exempt/exempt_chemlist.pdf)) Y or N

Describe how the controlled substances will be used:

Location where the controlled substances will be stored (bldg/room number):

Describe the storage configuration (safe, cabinet, etc.):

List all persons that will have direct access to the controlled substances on this project. Each person authorized to work with controlled substances on this project must complete an employee screening authorization.

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Add additional pages if needed.

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Continuation Page



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Name \_\_\_\_\_ Employee # \_\_\_\_\_

Name \_\_\_\_\_ Employee # \_\_\_\_\_