

# Appendix B. Berkeley Lab Controlled Substances Registration Form

## 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 \_\_\_\_\_

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

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 # \_\_\_\_\_

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

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

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

Add additional pages if needed.

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## Controlled Substances Program Registration

Continuation Page



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

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

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

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

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

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

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

# Appendix B. Berkeley Lab Controlled Substances Registration Form

## Controlled Substances Program Employee Screening



Lawrence Berkeley  
National Laboratory

You have been assigned to a project that requires work with controlled substances. The DEA considers it vital to assess the likelihood of an employee committing a drug security breach. Therefore all employees that will receive, work with, handle, have access to, manipulate or take similar actions consent to a screening process. (21CFR1301.90). Complete and return this form to the Human Resources center at ESHSR@lists.lbl.gov. A project ID may be required to conduct the screening.

Project Name \_\_\_\_\_ Division \_\_\_\_\_ ProjectID: \_\_\_\_\_

### APPLICANT INFORMATION:

Name (Last, First) \_\_\_\_\_ Employee ID# \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

By signing below, 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 Lawrence Berkeley National Lab, up to and including suspension or termination. Information included herein will not automatically preclude me from conducting research at LBNL with controlled substances, but will be considered as part of the evaluation of qualifications in this application.

The DEA requires that an employee who has knowledge of drug diversion from his/her employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. At LBNL all such reports can be made confidentially to the Security Manager in Protective Services who will inform the appropriate campus officials and initiate an investigation on the allegations. The protection of an individual's right to privacy will be upheld in all confidential inquiries.

I have reviewed the LBNL Controlled Substances Policies and procedures and agree to abide by them:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Berkeley Lab Registration Form Instructions

Berkeley Lab maintains separate DEA registrations for the Hill, Berkeley West Biocenter, JBEI, and Donner buildings. In addition, Berkeley Lab has a responsibility as an institution to maintain knowledge of the controlled substances within its jurisdiction. To that end, The Laboratory requires a site-specific registration form so that the EHS Program Administrator can be aware of all activities that use controlled substances. A current Berkeley Lab registration form must be on file with the EHS Program Administrator in order to acquire controlled substances.

If the substance will require the authorization of the Human or Animal Use Committee, this authorization must be completed first.

#### **Instructions:**

When you have completed the form, e-mail a pdf to [DGBest@lbl.gov](mailto:DGBest@lbl.gov).

**Name of project:** Provide a name for the project that will use controlled substances.

**Division:** The division under whose authority this work is being conducted.

**Location:** The location where the work will be carried out. Provide building and room number.

**Controlled-substance custodian:** The name of the primary person in charge of directing the use of the controlled substance. This person must meet all DEA regulations.

**List of controlled substances:** List all controlled substances to be used in the project named above. If you need additional space, attach additional pages with the project name at the top of each additional page. Refer to <http://www.deadiversion.usdoj.gov/schedules/index.html> for a list of controlled substances and their assigned schedule. All orders are approved by the EHS Program Administrator. If a substance is not listed on the registration, the order will not be approved.

- **Schedule:** This is the specific schedule noted in the Web site on the form (Schedule I,II, III, IV, or V). If you wish to order a Schedule I substance, please contact the EHS Program Administrator before proceeding, as Schedule I substances require additional DEA authorization.
- **Quantity required** This is the amount you intend to order. It will be matched up with the order you place to ensure that the quantities match. If you need additional quantities at a later date, provide an update to this form and send to the EHS Program Administrator.

**Exempt chemical preparations:** Please review the list, as these are substances exempt from DEA regulation. If a substance on this list can be used, you need not proceed with this form.

**Describe use:** Each controlled-substance vendor is required to have a statement from the person ordering the controlled substance describing its intended use. "Will be used in research" or similar language is not acceptable.

**Storage location:** Building and room number where the controlled substance will be stored.

**Storage configuration:** Describe the storage cabinet/safe you intend to use. This may require a site visit by the EHS Program Administrator to verify and approve. Send information prior to ordering the cabinet/safe to be sure it meets the requirements. See "Storage Requirements" for suggestions.

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**Signature:** This is the signature of the person named at the top of this form. This is the primary person in charge of directing the use of the controlled substance who will be required to meet all DEA regulations.

### **Employee Screening Form Instructions**

All persons who will have direct access to the material must complete the Employee Screening Form.

Direct access means the person will be able to receive, manipulate, handle, conduct experiments with, or have access to the key or combination to the storage safe or cabinet.

If the person is unwilling to answer, or answers “Yes” to one or both of these questions, he or she may be unable to work with controlled substances. Contact your HR partner for more details.