

CONTROLLED SUBSTANCES AUTHORIZATION FORM

Principal Investigator Name	
Division	
Mail Code	
Extension	
Email	
Date	

Use of Controlled Substances in Research (check one):

- Animal Use. All animal use must be associated with an IACUC-approved protocol. You must be able to associate all controlled substances used with a specific IACUC protocol. Provide approved protocol number here: _____
- Other Research. Please attach Division Approval Form to this document.

Approved Storage Location:

CCSC Approval of Location and Facility: _____ Key Lockbox Location: _____

Name of CCSC Representative: _____

Signature Date

Personnel Approved to Work with Controlled Substances:

In accordance with the *Caltech Procedure Regarding Controlled Substances*, each individual that is authorized to use controlled substances for the above named protocol must have a signed "Controlled Substances Authorized Personnel Registration Form" completed.

Principal Investigator's Acceptance of Terms and Conditions:

By signing the authorization, I state that I have read the *Caltech Procedure Regarding Controlled Substances* (see <http://www.safety.caltech.edu/root-pages/controlled-substances-and-chemical-precursors-program>) and that I agree to comply with the policy and all applicable laws and regulations.

Principal Investigator Signature Date

Division Chair Signature Date

Division Chair Name

Signed copy to Central Controlled Substances Custodian:

EHS License: safety@caltech.edu, Mail Code 25-6, Ext. 6727

OLAR License: olarccsc@caltech.edu, Mail Code 156-29, Ext. 3454