

EH&S Controlled Drug Authorized Access Form

Per 21 CFR Part 1301.90, the US Drug Enforcement Administration requires that any person who will have access to controlled substances as an employee or agent of an institution answer security-related employee screening questions. Failure to answer all questions, or providing a “yes” answer to questions 1 - 5, and/or a “no” answer to questions 6 – 8, will prohibit your access to controlled substances at the University of Florida. Providing false information may result in disciplinary action, up to and including termination of employment, as well as state and/or federal penalties.

1. 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.) yes no
2. In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? yes no
3. Have you ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded, or directed to be excluded, from participation in a Medicare or state health care program, or is any such action pending? yes no
4. Have you ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied, or is any such action pending? yes no
5. Have you ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? yes no
6. Do you agree to handle, use, store, and dispose of controlled substances in a safe, ethical, and secure manner? yes no
7. Will you follow state and federal laws for the proper use, storage, and disposal of controlled substances? yes no
8. Will you report any work-related violations, incidents, accidents, or suspicious activity involving controlled substances to the Principal Investigator? yes no

Employee or Co-investigator *answering the above* & requesting access to controlled substances:

Printed name _____ Signature _____ Date _____

Principal Investigator *authorizing access* to controlled substances for the above named individual:

Printed name _____ Signature _____ Date _____