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PURCHASING

Section: 523-2.2.1 EXHIBIT A

Effective: 07/20/1988 Supersedes: 07/12/1985 Review Date: TBD

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Issuing Office: Procurement & Contracts

EXHIBIT A

CONTROLLED SUBSTANCE AUTHORIZATION FORM UNIVERSITY OF CALIFORNIA, SAN DIEGO

TO: MATER	RIEL MANAGER		PROJEC [*]	T BUDGET NUMBER:	
DATE:			CURRENT BUDGET PERIOD: GRANT TERMINATION DATE:		
	Print/Type Name of Project				
PRINCIPAL	INVESTIGATOR				
I KIIVOII AL	INVESTIGATOR	Print/Type N	Name, Mailcod	de and Extension	
Have you ev Federal Law		of a felony in	connection wi	th controlled substances under State or	
		YES	NO	<u></u>	
•	rer surrendered a peroked, suspende			ce registration or had a controlled substance	
		YES	NO	<u> </u>	
PRINCIPAL	INVESTIGATOR				
		Signature			
				om the Storehouse Division of Materiel	
<u>IVI a</u>	nagement of the	UCSD Medic	ai Center Pha	<u>rmacy</u>	
Have you ev Law?	er been convicted	of a felony in	connection wi	th controlled substance under State or Federa	
	(Applicant I	YES	NO)	
	(Applicant II	YES	NO)	

University of California San Diego Policy – PPM 523-2.2.1 EXHIBIT A PPM 523-2.2.1 EXHIBIT A Controlled Substance Authorization Form

Have you ever surrendered a previous controlled sub- registration revoked, suspended, or denied?	stance registration or had a controlled substance
(Applicant I YES NO_)
(Applicant II YES NO_	
1.	
Print/Type Name, Mailcode & Extension	Signature
2	
Print/Type Name, Mailcode & Extension	Signature
PART II: APPROVAL OF THE DEPARTMENT CHA ALTERNATE	IRPERSON OR DEPARTMENT CHAIRPERSON
I approve use of controlled substances in the above p receive shipments of controlled substances as indicat	, , , ,
Have you ever been convicted of a felony in connection Federal Law?	on with controlled substances under State or
(Department Chairperson	YES)
(Department Chairperson Alternate	YES)
Have you ever surrendered a previous controlled sub- registration revoked, suspended, or denied?	stance registration of had a controlled substance
(Department Chairperson	YES)
(Department Chairperson Alternate	YES)
1	
Print/Type Name, Mailcode & Extension	Signature of Department Chairperson
2	
Print/Type Name, Mailcode & Extension	Signature of Department Chairperson Alternate
PART III: STORAGE LOCATION AND FACILITY	
Description of Storage Location & Facility Building, Room Num	ber and Description of Storage Facility
EH&S Approval of	

Date

Signature

Location & Facility