

OEHS Renewal Form for Controlled Substances



TULANE UNIVERSITY
Office of Environmental
Health & Safety

OEHS@tulane.edu

TO BE COMPLETED ANNUALLY

PRIMARY INVESTIGATOR:

Name: _____ DEA Registration #: _____

Expiration Date (m/d/y): _____ Campus (UT/TUHSC/TNPRC): _____

Department or Division Affiliation: _____ Email: _____

Academic Unit (select one):

School of Medicine

School of Public Health and Tropical Medicine

School of Science and Engineering

Tulane National Primate Research Center

Phone #: _____ Office Location: _____

Have you completed the **Tulane Controlled Substances Training** module this year? YES NO

SECURITY:

Approximate Number of Controlled Substances Primary Containers:

Schedule I: _____ containers

Schedule II: _____ containers

Schedule III: _____ containers

Schedule IV: _____ containers

Schedule V: _____ containers

Storage Location of Controlled Substances:

Campus (UT/TUHSC/TNPRC): _____ Building: _____ Room: _____

Number of Personnel with Direct Access to your Stock Controlled Substances: _____

How are your Controlled Substances Stored? Check all that apply:

Safe

Locked drawer

Steel cabinet

Lockbox

Locked cabinet

Locked fridge/freezer Other (describe): _____

What Locks are used on the Storage? Check all that apply:

Keyed Combination Digital

Total number of locks: _____

RESEARCH STATUS (select all that apply):

Clinical use only, no research

Planning to retire / Cancel license

Planning to move locations. **New location:** _____

Planning to use new controlled substance

Planning to discontinue controlled substance

User Signature: _____ Date: _____