RESEARCHER QUESTIONNAIRE

State Registration Number: ________ (If Applicable)

Applicant/Business Name: __________________________

*Please attach study protocol(s), state license(s), and respective approvals (i.e. IACUC, IRB, institutional, etc.)

BACKGROUND INFORMATION

1. Describe the research/testing that you will be conducting and your protocol for the use of the controlled substances (brief, but inclusive description):

2. Please list each controlled substance, the corresponding drug code, the quantity to be used, and its purpose during each experiment/research/or testing:

<table>
<thead>
<tr>
<th>CS Code</th>
<th>Qty per yr.</th>
<th>Purpose</th>
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3. Please list any other DEA registrations that you maintain:

Registrant Name: DEA Number:
4. Describe applicant’s background (medical/educational, degrees obtained and from where):

SECURITY INFORMATION

5. Who will be responsible for the overall security of the controlled substance(s)?

   Name:
   Title:
   SSN:
   DOB:
   Home Address:

6. What will the procedures for handling the controlled substance(s) be (logbooks, etc.)?

7. What security measures will be employed to ensure safekeeping of the controlled substance(s)?

8. Please list all of the individuals who will have access to the controlled substance storage area:

   Name:
   Title:
   SSN:
   DOB:
   Home Address:
9. Please list the individuals who will be handling the controlled substance(s):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
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</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Title:</td>
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<tr>
<td>SSN:</td>
<td>SSN:</td>
</tr>
<tr>
<td>DOB:</td>
<td>DOB:</td>
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<tr>
<td>Home Address:</td>
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10. What type of safe/cabinet/locker/drawer will the controlled substance(s) be kept in? (Include model type, name, serial number, date of manufacture, and date of purchase if applicable)

10b. What material is this item made of?
   - Freezer: 
   - Lock box:

10c. What are the dimensions of the safe/cabinet/locker/drawer (LxWxH)?
    If utilizing a safe, how much does it weigh, and is it permanently bolted to the floor or wall?

11. Is the safe/cabinet/locker/drawer in a locked room or office?

12. Please provide a description of the various security measures in place to protect against unauthorized individuals from accessing the safe/cabinet/locker/drawer.

13. What is the exact location of where the controlled substances will be kept (ie: name of building, room number, floor, etc.)

14. Are the grounds patrolled by security? If yes, list their company name and phone number.
15. RECORDKEEPING/ORDERING OF CONTROLLED SUBSTANCES

16. Who will be responsible for the recordkeeping of the controlled substance(s)? (ie: ordering, taking initial inventory, biennial inventory and/or perpetual inventory)

Name:
Title:
SSN:
DOB:
Home Address:

17. How will you be obtaining the controlled substance(s) for your research? Include the supplier(s) name, business address, telephone number, and DEA Number:

18. What is your protocol for the disposal/destruction of controlled substance(s):

Please indicate receipt and understanding of the following regulations by placing your initials in the spaces provided below. Additionally, please sign where indicated on the last page acknowledging you are the individual for which the DEA number will be registered.

- Records must contain the required information set forth in Title 21 1304.22(c). (initial: __________)

- Every person required to keep records shall take an initial inventory of all stocks of controlled substances on hand on the date he/she first engages in the manufacture, distribution, or dispensing of controlled substances. [Title 21 1304.11(a)(b)] (initial: _____)

- DEA requires that you conduct a “biennial inventory,” which is a physical inventory that you take of all controlled substances on-hand at least every two (2) years. The biennial inventory may be taken on any date within two (2) years of the previous biennial/initial inventory date. [Title 21 1304.11(c)] (initial: _____)
Registrant is required to maintain records for each controlled substance with the following information: name of substance, the quantity dispensed, the date dispensed, and the initials or written name of the person who dispensed the controlled substances. [Title 21 1304.22(c)] (initial: ____)

An employee who has knowledge of drug diversion by a fellow employee is obligated to report such activity to his/her employer. In addition, employees who possess, sell, use, or divert controlled substances will subject themselves to State or Federal prosecution. [Title 21 1301.91 & 1301.92] (initial: ____)

Power of Attorney (if applicable): A registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule I and II controlled substances on the registrant’s behalf by executing a power of attorney for each such individual. [Title 21 1305.05] (initial: ____)

An order form (DEA Form 222) is required for each distribution of a Schedule I or II controlled substance per Title 21 1305.03. The DEA Form 222 is a triplicated form. Only one item may be entered on each numbered line. Each DEA Form 222 must be signed and dated by a person authorized to sign an application for registration or person granted Power of Attorney. [Title 21 1305.12] (initial: ____)

Inventories and records of controlled substances listed in Schedules I and II shall be maintained separately from all of the records of the registrant. [Title 21 1304.04(f)(1)] (initial: ____)

Storage of small quantities of Schedule I and II controlled substances may be stored in a safe or steel cabinet. [Title 21 1301.72(a)(1)] (initial: ____)

Theft or significant loss of controlled substances must be reported to DEA immediately upon discovery utilizing DEA Form-106. [Title 21 1301.76(b)] (initial: ____)

All destructions of unwanted or expired controlled substances must be in compliance with Title 21 1304.21, 1317.90, and 1317.95. (initial: ____)

Signature ________________________________ Date ______________________

All DEA Forms may be obtained via the Diversion website: www.deadiversion.usdoj.gov. In addition, all sites referenced on this questionnaire may be obtained from the Code of Federal Regulations which can be found on the aforementioned website.

Once completed, please email this form to Danielle.M.Keller@usdoj.gov. If you have any questions, please call 202-307-3962 or 804-461-9992.