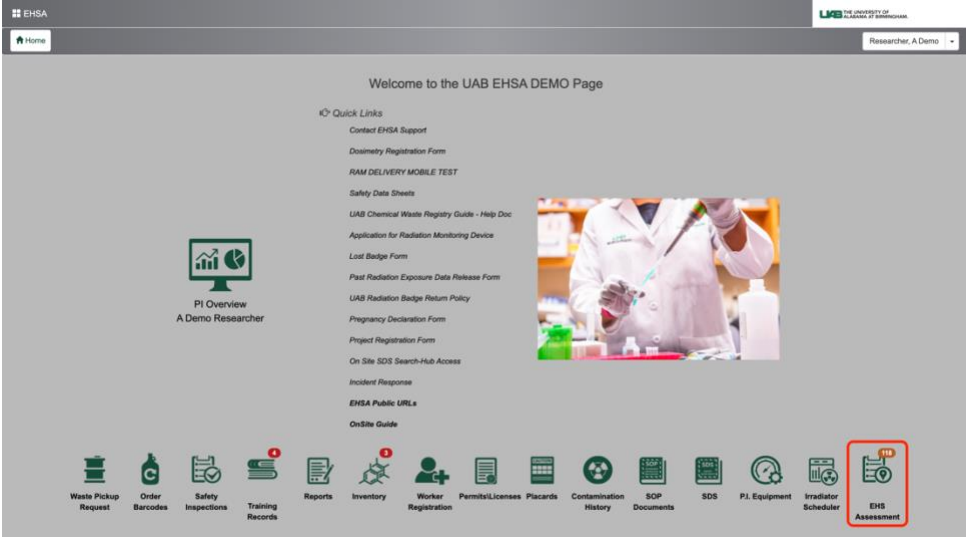
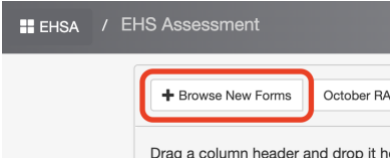


Completing the Initial PSDS Form

- 1. Login to EHSA: <https://ehsa.fab.uab.edu/ehsa>
- 2. Click EHS Assessment (right bottom corner) on the EHSA home page.



- 3. Click **Browse New Forms** (top left corner)



- 4. Click **Start** next to **Personnel Screening Data Sheet**

Controlled Substances	
Start ➔	Controlled Substance Use Authorization Request
Start ➔	CSU Secondary Form
Start ➔	FCRA AUTHORIZATION FORM
Start ➔	Personnel Screening Data Sheet

1. An assessment tab opens. Click on the **Assessment Questions** tab at the top. Complete all required information

Instructions **Assessment Questions**

Information

Questionnaire

Blazer ID:

First Name:

Last Name:

Date of Birth:

☐ Yes ☐ No Driver's License (must be valid):

Home Address:

Lab/ Office Location:

Email Address:

Office Phone:

Office Fax:

CSUA # (if available):

2. Click **Next** at the bottom to navigate to the Questionnaire tab.
Answer all questions.

Instructions **Assessment Questions**

Information

Questionnaire

☐ Yes ☐ No Within the past 5 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.)
If the answer is yes, furnish details of conviction, offense, location, date, and sentence on additional page.

☐ Yes ☐ No In the past three years, have you knowingly used any narcotics, amphetamines, or barbituates, other than those prescribed to you by a physician?

☐ Yes ☐ No Have you ever surrendered a controlled substance registration for cause or had a controlled substance registration revoked, suspended, restricted, or denied, or is any such action pending against you?
"For cause" means surrender in lieu of, or as a consequence of, any federal or state administrative, civil, or criminal action resulting from an investigation of your handling of controlled substances.

☐ Yes ☐ No Have you ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is there any such action pending against you?

☐ Yes ☐ No Have you ever surrendered for cause or had a state professional license revoked, suspended, denied, restricted, or placed on probation, or is any such action pending against you?

I understand that I have an obligation to inform the Controlled Substances Program Manager if there is a change in my answers to any of the above questions. I understand that the above information may be verified with a background check, and I have signed the Background Check Acknowledgment and Authorization Form. I understand that if I have provided any false information, or omitted to provide pertinent information to UAB, or if I misuse controlled substances during my employment with UAB, my position with UAB may be jeopardized and I may be subject to disciplinary action, up to and including termination. I understand that information provided by me on this form or obtained by UAB as a result of any inquiries it makes will not necessarily preclude me from utilizing controlled substances in non-human research at UAB, but will be considered as part of the overall evaluation by UAB of my qualifications in the application. I also understand that any information provided by me on this form or obtained by UAB

3. After answering all questions, click **Sign** to add your information to the signature line.

The data contained within this submittal is correct and up-to-date to the best of my knowledge.

Sign

4. Click **Save as Complete** to submit the form >
click **Yes** when asked if you would like to proceed.

5. Click **OK** in the resulting notification window.

Assessment Submitted



The assessment has been successfully submitted.

