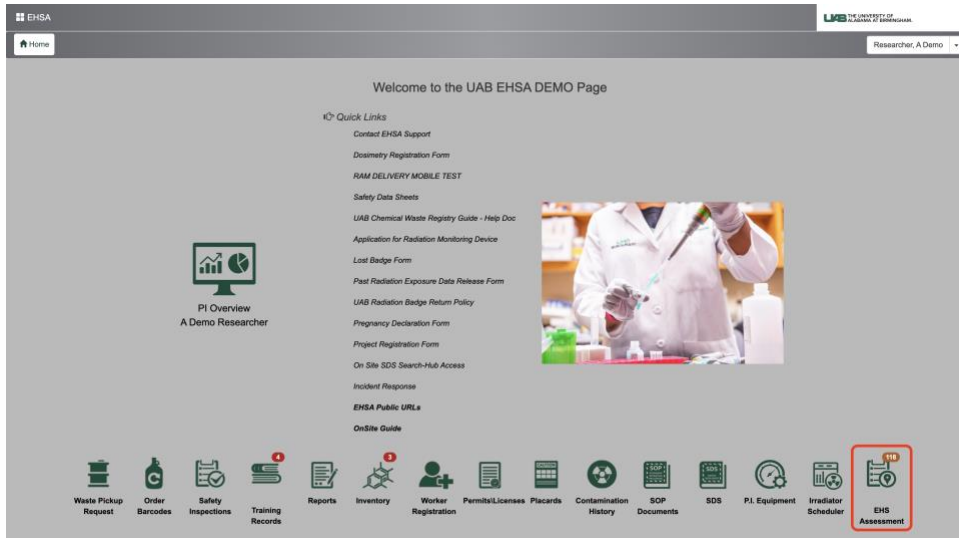
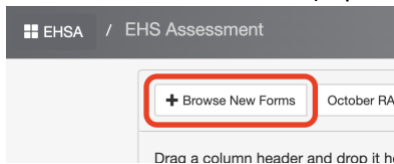


Completing the PSDS Form Renewal

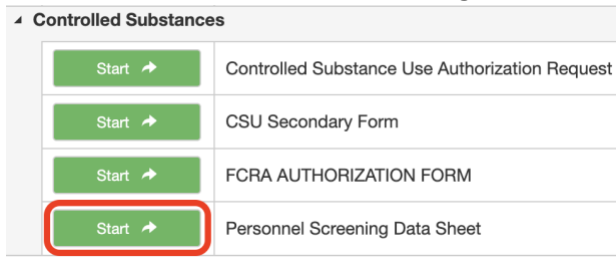
1. Login to EHSA: <https://ehsa.fab.uab.edu/ehsa>
2. Click **EHS Assessment** (right bottom corner) on the EHSA home page.



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



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



5. Click the green **Yes** button to import your responses from your previous PSDS.

Starting New Assessment ×

You have previously completed this assessment (250409004) on 04/09/2025.
Would you like to copy your previous responses into this new assessment?

No

Yes

6. An assessment tab opens. Click on the **Assessment Questions** tab at the top.
Review and update information as needed.

Instructions

Assessment Questions

Information

Questionnaire

Blazer ID:

ohs-ohs

First Name:

Demo

Last Name:

Researcher

Date of Birth:

1/1/1960

☒ Yes
 ☐ No

Driver's License (must be valid):

(ex: AL 1234567)

AL 9876543

Home Address:

123 Yellow Brick Rd.

Lab/ Office Location:

COMMUNITY HEALTH SERVICES BL...

419J

Email Address:

ohs@uab.edu

Office Phone:

(205) 934-2487

Offic Fax:

CSUA # (if available):

- Click **Next** at the bottom to navigate to the Questionnaire tab.
Review and update all questions as needed.

Instructions

Assessment Questions

Information

Questionnaire

As outlined in 21 C.F.R. 1301.90, it is the position of the Drug Enforcement Administration ("DEA") that obtaining certain information is vital to fairly assess the likelihood of an employee committing a drug security breach. The DEA indicates that conviction of crimes and unauthorized use of controlled substances are activities that are proper subjects for inquiry. Please respond to the following questions:

☐ 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

- 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

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

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

Assessment Submitted



The assessment has been successfully submitted.

