# Working Instructions Form E: Dangerous Drug Theft/Loss or Incident Report

## SUSPECTED LOSS OR THEFT OF DANGEROUS DRUGS

If a registrant has a reasonable belief or suspicion that there has been (a) theft of any amount of a Dangerous Drug; or (b) loss of a Dangerous Drug, the event must be promptly reported to the following units:

* Georgia Drug and Narcotics Agency (GDNA).
* Georgia Board of Pharmacy (GBP)
* Emory Police Department (EPD)
* Emory University Environmental Health & Safety Office (EHSO)
* Emory Office of Research Integrity and Compliance (ORIC)

If there is doubt about whether a report should be made, err on the side of reporting.

* Complete Form E immediately and completely
* Send the report to the following departments listed below. Do not wait for a response when reporting to GDNA.

The contacts, form, and timetable for reporting are listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit Receiving Report** | **Contact Information** | **Form to Complete** | **Timetable** |
| **GDNA** | FAX Form to (404) 651-8210. | Form E | Within 48 hours of discovery |
| **GBP** | Fax Form to (470) 386-6137 | Form E | Within 48 hours of discovery |
| **EPD** | Chief Burt Buchtinec Fax (404) 727-3614 or via email at  BBuchti@emory.edu | Form E | Promptly upon discovery |
| **EHSO** | Scott Thomaston, Director Environmental Programs: (404) 727-1349: Fax – (404) 727-9778 Email sthom07@emory.edu | Form E | Promptly upon discovery |
| EPC: Maureen Thompson – Associate Director EHSO: (404) 727-8012; Fax (404) 727-7197 Email mthomp2@emory.edu |
| **ORIC** | Maria Davila, ORIC Director, at  maria.davila@emory.edu. | Form E | Promptly upon discovery |

# INCIDENT WITH A DANGEROUS DRUG

If an incident such as a recoverable spill has occurred with a dangerous drug that is not a reportable activity such as a theft/loss, then the Registrant should document the incident that occurred. It is important to document each incident and file it in your drug binder so that in the event of an agency audit you have a clearly defined history of evidence that contributes to good recordkeeping.

* Fill out Form E with as much detail as possible.
* File Form E in drug binder.

# Form E: Dangerous Drug Theft/Loss or Incident Report

**Instructions:** This form should be completed if a discrepancy or an incident occurred with a dangerous drug that was purchased by the Registrant. See instructions on proper reporting procedures.

**Name of registrant*:*** Click or tap here to enter text.

**Georgia Board of Pharmacy License Number*:*** Click or tap here to enter text.

**Address listed on license*:*** Click or tap here to enter text.

**Type of Discrepancy**: *Include discrepancies noted that are potentially indicative of a loss or theft of Dangerous Drug. Must be reported to GDNA, ORIC, EHSO, EPD*

[ ] Loss of Dangerous Drug

[ ] Theft of Dangerous Drug

[ ] Spill/Breakage of Dangerous Drug (Non-recoverable)

[ ] Other: Describe Click or tap here to enter text.

**Type of Incident:** *Does not need to be reported. Incident Reports should be filed in drug binder.*

[ ] Overfill of Dangerous Drug

[ ] Underfill of Dangerous Drug

[ ] Spill/Breakage of Dangerous Drug (Recoverable)

[ ] Other: Describe Click or tap here to enter text.

**Date and Time of Discovery/Incident:** Click or tap here to enter text.

**Location where Discrepancy/Incident was Discovered:** Click or tap here to enter text.

**Name/Phone Number/Email of Person who Made Discovery:** Click or tap here to enter text.

***Name(s) and form(s) of Dangerous Drug involved****:* Click or tap here to enter text.

**Description of circumstances of discrepancy/incident:** *e.g., evidence of attempted break-in; broken safety tab on container; evidence of missing containers or substances; discrepancy in inventory/audit, overfill/underfill of drug from manufacturer:*

 Click or tap here to enter text.

**Names and titles of any persons involved in discrepancy/incident and/or discovery or reporting of discrepancy/incident*:*** Click or tap here to enter text.

**Name/Title of Person Completing this Report:** Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click or tap to enter a date.