# Working Instructions Form B: Dangerous Drug Receiving Log

# Definitions:

1. Dangerous Drug - means any drug other than a drug contained in any schedule of Article 2 of this chapter, which, under the federal Food, Drug, and Cosmetic Act (52 Stat. 1040 (1938)), 21 U.S.C. Section 301, et seq., as amended, may be dispensed only upon prescription.  In addition to subsection (a) of this Code section, a “dangerous drug” means any other drug or substance declared by the General Assembly to be a dangerous drug; to include any of the following drugs, chemicals, or substances; salts, isomers, esters, ethers, or derivatives of such drugs, chemicals, or substances which have essentially the same pharmacological action; all other salts, isomers, esters, ethers, and compounds of such drugs, chemicals, or substances unless specifically exempted and the following devices, identified as “dangerous drugs”: [List of drugs can be found here.](https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=9803fea1-d6d4-44e5-b07f-197160811ee2&nodeid=AAQAAOAAEAAE&nodepath=%2FROOT%2FAAQ%2FAAQAAO%2FAAQAAOAAE%2FAAQAAOAAEAAE&level=4&haschildren=&populated=false&title=16-13-71.+%E2%80%9CDangerous+drug%E2%80%9D+defined.&config=00JAA1MDBlYzczZi1lYjFlLTQxMTgtYWE3OS02YTgyOGM2NWJlMDYKAFBvZENhdGFsb2feed0oM9qoQOMCSJFX5qkd&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A686B-H2R3-GXF6-84BH-00008-00&ecomp=bgf5kkk&prid=224b3608-f1c6-4ea1-b5d0-291f5c53e680)
2. Registrant – A person licensed and registered with the Georgia Board of Pharmacy (GBP) to distribute, manufacture, administer, and/or dispense a dangerous drug.

# Box 1 : Registration Information

1. Complete the Registrant’s Name, GBP #, and address in this section. The information must appear exactly (in its entirety), as it does on the Registrant’s GBP License. **This is the information of the Registrant and not the user.**

# Box 2: Receiving Log for all Dangerous Drugs

1. Document the Purchase Order (PO) # from which the order was placed.
2. Record the name of the Dangerous Drug received exactly as it appears on the label. You must use one line for each drug strength/concentration.
3. Record the concentration/strength, total volume of each container and the drug form.
4. Document the number of containers received.
5. Record the name of the Supplier.
6. Record the date the dangerous drug was received and the name of the person receiving the drug into the inventory.

# Sample Form B: Dangerous Drug Receiving Log

***Note: All Dangerous Drugs received should be documented on this form. All packing slips sent from the supplier should be maintained in the registrant drug binder***

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** Joe Smith | **GBP #:** PHRS12345678 | **Registered Address:** 123 Main Street, Room 123, Atlanta, GA, 30325 |

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| **Box 2: Receiving Log for all Dangerous Drugs** |
| **Purchase Order Number** | **Name of the Dangerous Drug** | **Concentration/Strength** | **Volume/Quantity of each container** | **Drug Form** | **Number of Containers** | **Date Received** | **Name of the Supplier** | **Name of Person Receiving the drug** |
| 1245889560 | Isoflurane | 100% | 250ml | liquid | 20 | 07/01/23 | ABC Supply  | Joe Smith |
| 1245889560 | Meloxicam | 5mg/ml | 20ml | liquid | 10 | 07/01/23 | ABC Supply | Joe Smith |
| 4385489540 |  Amoxicillin | 200mg/5ml | 50ml | powder | 1 | 07/15/23 | MedX | Joe Smith |
| 2732898349 |  Tamoxifen Citrate | 98% | 5g | powder | 1 | 07/25/23 | MedX | Joe Smith |
| 2732898349 | Lidocaine 1% | 500mg/50ml | 50ml | liquid | 10 | 07/25/23 | ABC Supply | Joe Smith |
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# Form B: Dangerous Drug Receiving Log

***Note: All Dangerous Drugs received must be documented on this form. All packing slips sent from the supplier should be maintained in the registrant drug binder***

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| **Box 1: Registrant Information** |
| **Registrant’s Name:**  | **GBP #:**  | **Registered Address:**  |

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| **Box 2: Receiving Log for all Dangerous Drugs** |
| **Purchase Order Number** | **Name of the Dangerous Drug** | **Concentration/Strength** | **Volume/Quantity of each container** | **Drug Form** | **Number of Containers** | **Date Received** | **Name of the Supplier** | **Name of Person Receiving the drug** |
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