

Approved form 2001-17

made under the

Drugs of Dependence Act 1989

Drugs of Dependence Act 1989—Form 4

(see s 109)

Drugs of dependence inventory

Pharmacy: Pharmacy Stamp

Address:

.....

Name of outgoing pharmacist:

Name of incoming pharmacist:.....

| Drug | Form | Strength | Quantity stated in register | Actual quantity held | Discrepancy |
|------|------|----------|-----------------------------------|----------------------------|-------------|
|------|------|----------|-----------------------------------|----------------------------|-------------|

..... Date: ... / ... / ...
(Signature of outgoing pharmacist
conducting inventory)

Inventory *Correct/*Incorrect

* Chief Health Officer notified

..... Date: ... / ... / ...
(Signature of incoming pharmacist
checking inventory)

**Incoming pharmacist to delete where inapplicable*

Endnote

This form was originally in the *Drugs of Dependence Act 1989*, schedule 4. Under amendments made by the *Legislation (Consequential Amendments) Act 2001*, the form was omitted from that schedule and became a form approved under the *Drugs of Dependence Act 1989*, section 205 (see amdts 1.1222 and 1.2223).

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