Checklist on the Storage and Record-keeping of Dangerous Drugs (D.D.)

Aut	horized perso	on							
	registered doc	tors, dentists and veterinary surge	ons						
	registered pha	rmacists or approved persons emp	oloyed at prescribed l	hospitals specified in the	he Second Sche	dule to the			
	Dangerous Dr	ugs Ordinance							
	persons in cha	rge of certain laboratories							
Stor	rage								
	D.D. was kept in a locked receptacle								
	The receptacle	e can only be opened by the person	n authorized						
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Reco	ord-keeping								
	A "Dangerous Drugs Register" in which all transactions of dangerous drugs were recorded. The format of the Register complies to that fixed by the Ordinance. (Refer to "First Schedule – Form of Register"								
		the Register complies to that fixed	d by the Ordinance.	(Refer to "First Schedu	ile – Form of Re	egister"			
_	below)								
	A separate Dangerous Drugs Register, or a different page of the same Register for each dangerous drug.								
	The name of the dangerous drug preparation and (where applicable) the strength or concentration of the preparation								
	was written at	the head of each page of the Regi	ster.						
	Every receipt	or supply of a dangerous drug wer	re recorded, in indeli	ible ink, on the day of t	he transaction of	r, if this is			
	not practicable	e, on the following day.							
	No cancellation or alteration of any record. Corrections were made by means of a marginal note or footnote and must								
	be dated.								
	If a registered	doctor, dentist or veterinary surge	eon practises in more	e than one clinic from v	which dangerous	drugs are			
	supplied, a sep	parate set of registers must be kept	t and used in each cli	inic.					
	All used regist	ters were kept in the clinic for 2 years	ears from the date or	n which the last entry w	vas made.				
Disp	osal								
	All overdue D	D should be disposed appropriate	ly						
		FI	RST SCHEDULE						
		FOI	RM OF REGISTER						
	4 C : /	Name and address of person* or	B	Amount					
Da	ite of receipt/	firm from whom received/to	Patient's identity		Invoice No.	Balance			

supply	firm from whom received/to whom supplied	card number#	received	supplied	Invoice No.	Balance

^{*} Cross reference of the person to whom supplied may be made in which case only the reference number of the person's treatment record needs to be given.

[#] For a patient who is not resident in Hong Kong, the reference number of any proof of identity, other than an identity card, specified in section 17B(1) of the Immigration Ordinance (Cap. 115) shall be inserted.