**FOR SELLERS OF SCHEDULE 7 SUBSTANCES**

**REGISTER OF ALL RECEIPTS AND SUPPLIES OF A SCHEDULE 7 SUBSTANCES**

 **Regulation 48 of the *Medicines, Poisons and Therapeutic Goods Regulations* requires suppliers of Schedule 7 Poisons to maintain a register of all receipts & supplies.**

 **NAME OF POISON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Container size\_\_\_\_\_\_\_\_\_\_\_\_\_ (use a separate page for each poison)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Date** |  **Supplier OR****Name of person on Authorisation**  **Document** |  **Authority** **Number** |  **Authority** **Expiry Date**  | **Quantity**  **Sold** | **Quantity** **Received** | **Balance** |  **Name & Signature** **Of Purchaser** |  **Name & Signature of Seller** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |