

EPHEDRINE SALES TRACKING PROGRAM

LOG SHEET INSTRUCTIONS

- Customers may only purchase **3 grams (3,000 milligrams)** or less *per transaction*.
 - Customers may only purchase **3 grams (3,000 milligrams)** or less *per 7 day period*.
 - Log sheets are to be completed by the consumer and signed.
 - Retail sales clerk shall verify consumer's information for accuracy with a photo ID and initial the form.
 - Purchaser must produce a state or federal identification card (e.g. valid driver's license or ID card). **DO NOT USE SOCIAL SECURITY NUMBERS.**
1. **ID Checked:** Verify the consumer's information with their Picture ID. Government ID's are not to include social security numbers. After the information is verified the clerk must initial the form.
 2. **Date/Time:** Write in date and time of transaction.
 3. **Name:** Clearly print purchaser's name.
 4. **Address:** Clearly print purchaser's address.
 5. **Clerk:** Initials of sales person completing log sheet after the information is verified.
 6. **Signature:** Signature of purchaser.
 7. **Total Number of Tablets, Capsules, or Ounces:** Pharmacy personnel or clerk shall indicate the total number of tablets, capsules, or ounces (if liquid) purchased. Enter the quantity under the correct Ephedrine Description. If the description is not on the form use the blank description line to fill it in.

Retention: Completed log sheets shall be maintained for at least two (2) years, and remain at the retail sales location of origin.

Example Ephedrine Logbook Store Name: Enter Store Name Month/Year September 2006

	Quantity Sold		Quantity Sold
<input checked="" type="checkbox"/> Ephedrine Plus 6ct. – 150mg. Total	1	<input type="checkbox"/> Ephedrine Plus 6ct. – 150mg. Total	<input type="text"/>
<input type="checkbox"/> Mini Thin 12ct. – 300mg. Total	<input type="text"/>	<input type="checkbox"/> Mini Thin 12ct. – 300mg. Total	<input type="text"/>
<input type="checkbox"/> Mini Thin 6ct. – 150mg. Total	<input type="text"/>	<input type="checkbox"/> Mini Thin 6ct. – 150mg. Total	<input type="text"/>
<input type="checkbox"/> Rapid Action 12ct. – 300mg. Total	<input type="text"/>	<input type="checkbox"/> Rapid Action 12ct. – 300mg. Total	<input type="text"/>
<input type="checkbox"/> Twin Tab 12ct. – 300mg. Total	<input type="text"/>	<input type="checkbox"/> Twin Tab 12ct. – 300mg. Total	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Date: <u>Sept. 28, 2006</u> Time: <u>10:00 a.m.</u> Clerk: <u>gfm</u>		Date _____ Time _____ Clerk _____	
Name: <u>John M. Doe</u>		Name _____	
Address: <u>123 Main Street</u>		Address _____	
City/State/Zip: <u>Montgomery, AL 36483</u>		City/State/Zip _____	
Signature: <u>John D Doe</u>		Signature _____	
<input checked="" type="checkbox"/> I have read and understand the penalties for intentionally making false statements on this form.		<input type="checkbox"/> I have read and understand the penalties for intentionally making false statements on this form.	

*** Let the consumer read this clause:** You may only purchase **3 grams (3,000 milligrams)** of Ephedrine/Pseudo ephedrine or less per transaction **AND 3 grams (3,000 milligrams)** or less per 7-day period. This includes pill and or liquid forms. By signing below you affirm that you are at least 18 years of age, and the information you have provided is true and accurate. ***Entering false statements or misrepresentations in this logbook may subject the purchaser to criminal penalties under 18 U.S.C. 1001 and such notice must specify the maximum fine (\$250,000.00) and term of imprisonment (5 years).*** Retailer must maintain completed log sheets for two (2) years for law enforcement review.

Maximum of 24 Points – Per Customer – Per Day

Maximum of 60 Points per Month

Ephedrine Logbook Store _____ Month/Year _____

- **Warning:** Section 1001 of Title 18, United States Code, states that whoever, with respect to the logbook, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined not more than \$250,000 if an individual or \$500,000 if an organization, imprisonment not more than five years, or both.

	Qty.	x Pts =	Ttl Pts		Qty.	x Pts =	Ttl Pts
<input type="checkbox"/> Mini Thin 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>	<input type="checkbox"/> Mini Thin 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>
<input type="checkbox"/> Rapid Action 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>	<input type="checkbox"/> Rapid Action 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>
<input type="checkbox"/> Twin Tab 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>	<input type="checkbox"/> Twin Tab 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>
<input type="checkbox"/> Ephedrine Plus 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>	<input type="checkbox"/> Ephedrine Plus 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>
<input type="checkbox"/> Multi Action 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>	<input type="checkbox"/> Multi Action 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>
<input type="checkbox"/> Mini Thin 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>	<input type="checkbox"/> Mini Thin 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>
<input type="checkbox"/> Rapid Action 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>	<input type="checkbox"/> Rapid Action 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>
<input type="checkbox"/> Twin Tab 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>	<input type="checkbox"/> Twin Tab 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>
<input type="checkbox"/> Ephedrine Plus 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>	<input type="checkbox"/> Ephedrine Plus 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>
<input type="checkbox"/> Multi Action 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>	<input type="checkbox"/> Multi Action 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>
<input type="checkbox"/> Mini Thin 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Mini Thin 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
<input type="checkbox"/> Rapid Action 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Rapid Action 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
<input type="checkbox"/> Twin Tab 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Twin Tab 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
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<input type="checkbox"/> Multi Action 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Multi Action 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
Date _____ Time _____ Clerk _____				Date _____ Time _____ Clerk _____			
Name _____				Name _____			
Address _____				Address _____			
City/State/Zip _____				City/State/Zip _____			
DL # _____ State Issued _____				DL # _____ State Issued _____			
Signature _____				Signature _____			
<input type="checkbox"/> I have read and understand the penalties for intentionally making false statements.				<input type="checkbox"/> I have read and understand the penalties for intentionally making false statements.			

	Qty.	x Pts =	Ttl Pts		Qty.	x Pts =	Ttl Pts
<input type="checkbox"/> Mini Thin 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>	<input type="checkbox"/> Mini Thin 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>
<input type="checkbox"/> Rapid Action 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>	<input type="checkbox"/> Rapid Action 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>
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<input type="checkbox"/> Mini Thin 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>	<input type="checkbox"/> Mini Thin 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>
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<input type="checkbox"/> Mini Thin 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Mini Thin 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
<input type="checkbox"/> Rapid Action 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Rapid Action 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
<input type="checkbox"/> Twin Tab 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Twin Tab 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
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Date _____ Time _____ Clerk _____				Date _____ Time _____ Clerk _____			
Name _____				Name _____			
Address _____				Address _____			
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Ephedrine Logbook Store _____ Month/Year _____

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	Qty.	x Pts =	Ttl Pts		Qty.	x Pts =	Ttl Pts
<input type="checkbox"/> Mini Thin 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>	<input type="checkbox"/> Mini Thin 6ct. 25mg. Ea. – 150mg. Total	<input type="text"/>	x 1	<input type="text"/>
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Date _____ Time _____ Clerk _____				Date _____ Time _____ Clerk _____			
Name _____				Name _____			
Address _____				Address _____			
City/State/Zip _____				City/State/Zip _____			
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<input type="checkbox"/> Mini Thin 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>	<input type="checkbox"/> Mini Thin 12ct. 25mg. Ea. – 300mg. Total	<input type="text"/>	x 2	<input type="text"/>
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<input type="checkbox"/> Mini Thin 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Mini Thin 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
<input type="checkbox"/> Rapid Action 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Rapid Action 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
<input type="checkbox"/> Twin Tab 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Twin Tab 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
<input type="checkbox"/> Ephedrine Plus 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>	<input type="checkbox"/> Ephedrine Plus 24ct. 25mg. Ea. – 600mg. Total	<input type="text"/>	x 4	<input type="text"/>
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Date _____ Time _____ Clerk _____				Date _____ Time _____ Clerk _____			
Name _____				Name _____			
Address _____				Address _____			
City/State/Zip _____				City/State/Zip _____			
DL # _____ State Issued _____				DL # _____ State Issued _____			
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<input type="checkbox"/> I have read and understand the penalties for intentionally making false statements.				<input type="checkbox"/> I have read and understand the penalties for intentionally making false statements.			