

MONTHLY VERIFICATION LOG

YEAR: _____

Month	Date	Medication in Refrig/Freezer	Locked Meds and/or Controlled Meds	Sample Medications	Emergency Kit (Equipment and Meds)	Oxygen level (at least ¾ full), Mask, Cannula, and tubing	Laboratory (reagents, hemocult etc.)	Laboratory (vacutainer tubes, culture medium, collection systems, etc)	Other
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									

Instructions:

* Initial each category as you check the items

* An Initial indicates that the items have been checked; expired medications and supplies purged, and properly disposed of.

Initial _____
Print name of person checking

Initial _____
Print name of person checking