## MONTHLY MEDICATION VERIFICATION LOG AND EQUIPMENT LOG

YEAR								
Please initial each categor An initial indicates that th				ab supplies purged,	, properly disposed	of, and the dispo	osal documented.	
Month/Day	Meds, etc. in Refrig./Freez	Meds locked in exam rooms	All other Meds and Samples	Emergency Equipment / Medication	O2 level-mask and tubing attached	All Lab Reagents, Hemocults, etc.	All Vaccutainer tubes, culture medium & collection systems	Other:
January /								
February/								
March/								
April/								
May/								
June/								
July/								
August/								
September/								
October/								
November/								
December/								
= Initial	=Signature of person	1 checking Medicati	ons and Equipmen	t		 Date		
= Initial	:					Date		
= = =	Signature of person checking Medications and Equipment  = Signature of person checking Medications and Equipment					Date  Date		