

MONTHLY EQUIPMENT, MEDICATION VERIFICATION AND REPLACEMENT LOG

YEAR: _____

Please initial each category as you check the medication and equipment

An initial indicates that the items have been checked, expired medications and lab supplies purged, properly disposed of and replaced.

Month/Day	Meds, etc. In Refrig/Freez	All other meds and samples	Emergency Equipment/ Medication Expiration	Emergency Equipment/ Medication Used and Replaced	Oxygen level, Key, mask and tubing attached	All Lab reagents, hemocults, etc.	All vacutainer, tubes, culture medium & collection systems	Other
January/								
February/								
March/								
April/								
May/								
June/								
July/								
August/								
September/								
October/								
November/								
December/								

Initials	Signature	Initials	Signature