

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.

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

Initials	Signature	Initials	Signature