

**Monthly Medication and Lab Supplies Inventory Checklist**

- **Print name and sign name and initials.**
- **Document day of month and your initials when medication and lab supplies are verified to be within expiration dates.**
- **Expired medication and lab supplies are purged and properly disposed of and replaced timely/**

**YEAR** \_\_\_\_\_

**Dr. Name** \_\_\_\_\_

<b>Medications</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Sample and Stock Medications												
Check open date of Multi-dose vials												
Vaccines/Immunizations-private and VFC												
Lab Supplies (vacutainer, tubes, culture medium and collections systems)												
All Lab reagents (hemocults, urine dip sticks, glucose testing strips)												
Other:												

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Initials** \_\_\_\_\_

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**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Initials** \_\_\_\_\_