

NARCOTIC AND CONTROLLER DRUG INVENTORY - 24 HOURS
NAVMED 6710/4 (4-72)

WARD _____

(To be used with NAVMED 6710/1)

PERIOD COVERING *(Inclusive dates)*

| DATE | HOUR | SIGNATURE OF NURSE <i>(I certify that I have counted and found correct all narcotics and controlled drugs listed on NAVMED 6710/1 for this ward.)</i> | SERIAL NUMBERS OF NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORDS | | |
|------|---------|--|--|--------------------------------------|---------------------|
| | | | RECEIVED FROM PHARMACY | RETURNED TO AND RECEIVED BY PHARMACY | PHARMACIST INITIALS |
| | NIGHT | | | | |
| | DAY | | | | |
| | EVENING | | | | |
| | NIGHT | | | | |
| | DAY | | | | |
| | EVENING | | | | |
| | NIGHT | | | | |
| | DAY | | | | |
| | EVENING | | | | |
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| | DAY | | | | |
| | EVENING | | | | |
| | NIGHT | | | | |
| | DAY | | | | |
| | EVENING | | | | |

SUPERVISOR'S AUDIT

Date _____ Time _____

I certify that I have audited the records of narcotic and controlled drugs for this ward.

FOUND CORRECT ERROR NOTED DATE CORRECTED _____

(Signature and Rank)