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_____

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

Print Name_____Signature_____Initials_____

Print Name_____Signature_____Initials_____

Print Name_____Signature_____Initials_____