



**NARCOTIC AND CONTROLLER DRUG INVENTORY - 24 HOURS**

NAVMED 6710/4 (4-72)

WARD
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*(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				
	NIGHT				
	DAY				
	EVENING				
	NIGHT				
	DAY				
	EVENING				
	NIGHT				
	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)*

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	EVENING				
	NIGHT				
	DAY				
	EVENING				

**SUPERVISOR'S AUDIT**

Date \_\_\_\_\_ Time \_\_\_\_\_

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FOUND CORRECT     ERROR NOTED    DATE CORRECTED \_\_\_\_\_

\_\_\_\_\_  
*(Signature and Rank)*