

Controlled Substance/Key Accountability Form
GENESIS MEDICAL CENTER

[] Aledo, IL

[] Davenport, IA

[] Dewitt, IA

[] Silvis, IL

UNIT _____ CART _____

DATE:																					
TIME:																					
No Narcotics																					
Medication / Shingle Sheet #																					
Keys (complete weekly)																					
Cycle Count (complete weekly)																					
Misc:																					
Misc:																					
Misc:																					
Nurse's Initials:																					
Going Off Duty																					
Coming On Duty																					

* When Medication is no longer required, return medication to Pharmacy immediately. ** Line through active cells that do not apply

INITIALS / SIGNATURES

INITIALS / SIGNATURES

INITIALS / SIGNATURES
