



1. CII & CIII-V INVOICE AUDITS for MONTH/YEAR _____

Items listed on monthly CII/CIII-V invoice reports match items listed on invoices received: **Yes No**

Items listed on monthly CII/CIII-V invoice reports match items received in AMDS or inventory: **Yes No N/A**

* For invoices that do not reconcile - escalate immediately to Director of Pharmacy.

Attach monthly invoice reports or any supporting documents to this form.

Documented by: _____ Date: _____

Manager reviewed: _____ Date: _____

Manager Notes: _____

2. THERAPEUTIC DUPLICATIONS for MONTH/YEAR _____

RANDOM CHARTS TO REVIEW = 20 PER MONTH # CHARTS COMPLIANT ___/___ LIST ALL DEVIATIONS BELOW

	FIN & DOB	Date of Deviation	Medication	Duplicate Medication	Pharmacist Responsible	Date Coached
1						
2						
3						
4						
5						
6						
7						
8						
9						

3. #CS Reviews Completed for CSDPC Oversight Committee _____ MONTH/YEAR _____
(# RN Reviews Documented)

4. % of Monthly Weekly Omnicell Cycle Count Completed _____% MONTH/YEAR _____
(# Omni Completed Cycle Count/Total # of Omni)

- To type on pdf:
 1. Open the attachment
 2. Click on FILL & SIGN icon on right column (purple pencil)
 3. Click anywhere you want to type.
 4. Type
 5. Click anywhere to save what you just typed
 6. Repeat # 3-5