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

(To be used with NAVMED 6710/1)

WARD

PERIOD COVERING *(Inclusive dates)*

DATE	HOUR	SIGNATURE OF NURSE *(I certify that I have counted and found correct all narcotics and controlled drugs listed on NAVMED 6710/1 for this ward.)*	SERIAL NUMBERS OF NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORDS		
			RECEIVED FROM PHARMACY	RETURNED TO AND RECEIVED BY PHARMACY	PHARMA-CIST 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)

S/N 0105-LF-226-7160