

COVERSHEET FOR CONTROLLED SUBSTANCES INVENTORY BOARD (CSIB) INVENTORY

PHARMACY

1. NMC/MTF/HOSPITAL/CLINIC NAME	2. Pharmacy Location
3. Inventory Start Date	4. Inventory Completion Date.

All inventory documents and working papers are retained for two years by the CSIB Senior Member.

COMMANDING OFFICER

1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
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OFFICER IN CHARGE (If Applicable)

1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
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PHARMACY OFFICER OR TECHNICIAN

1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
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SUPPLY OFFICER

1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
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CSIB MEMBERS

1. Name <i>(Senior Member)</i>	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>

Miscellaneous Information