PHARMACY CONTROLLED SUBSTANCES INVENTORY BOARD (CSIB) WORKING PAPER AUDIT OF NAVMED 6710/5

PHARMACY

1. NMC/MTF/HOSPITAL/CLINIC NAME	2. Pharmacy Location

AUDIT

Name of Drug	Unit of Issue	Balance Last Audit	Quantity Received	Quantity Dispensed	Balance	Physical Count	Discrepancies

MEMBER REVIEWING NAVMED 6710/5

1. Name	2. Rank / Rate	3. Telephone Number *(Include Area Code)*
4. Signature		5. Date

MEMBER CONDUCTING INVENTORY

1. Name	2. Rank / Rate	3. Telephone Number *(Include Area Code)*
4. Signature		5. Date

SENIOR BOARD MEMBER

1. Name	2. Rank / Rate	3. Telephone Number *(Include Area Code)*
4. Signature		5. Date