

PHARMACY CONTROLLED SUBSTANCES INVENTORY BOARD (CSIB) WORKING PAPER REQUISITION RECEIPT

PHARMACY

1. NMC/MTF/HOSPITAL/CLINIC NAME	2. Pharmacy Location
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VAULT RECEIPTS DOCUMENTS RANDOMLY SELECTED

Receipt Type	Document Date	Serial Number	Quantity	Vault Receipt Documents Verification			
				Type 1	Type 2	Type 3	Type 4
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
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				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
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				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
				<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO

VAULT RECEIPT DOCUMENT TYPES

The above vault receipt documents were randomly selected to verify that:

Type 1: An authorized individual requested item.
 Type 2: Item was received by two authorized personnel, other than the requester.
 Type 3: Item was entered onto NAVMED 6710/5 or retrievable from automated dispensing machine (ADM).
 Type 4: Item was traced back to supply department records or original order documents records such as prime vendor documents or DEA Form 222s.

MEMBER CONDUCTING INVENTORY

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

SENIOR BOARD MEMBER

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