

**SUPPLY CONTROLLED SUBSTANCES INVENTORY BOARD (CSIB) WORKING PAPER  
PHYSICAL COUNT BALANCE SHEET**

**PHARMACY**

1. NMC/MTF/HOSPITAL/CLINIC NAME	2. Pharmacy Location
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**PHYSICAL COUNT**

Stock Number	Description	U/I	Physical Count	Closing Balance	Variance

**MEMBER CONDUCTING INVENTORY**

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

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