

**PHARMACY CONTROLLED SUBSTANCES INVENTORY BOARD (CSIB) WORKING PAPER
VERIFICATION OF PERPETUAL INVENTORY RECORDS**

PHARMACY

1. NMC/MTF/HOSPITAL/CLINIC NAME

2. Pharmacy Location

VERIFICATIONS

Stock Number	Description	U/l	Open	In	Out	Close

PHARMACY

1. NMC/MTF/HOSPITAL/CLINIC NAME

2. Pharmacy Location

VERIFICATIONS

Stock Number	Description	U/I	Open	In	Out	Close

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