DIRECTIONS: Indicate appropriate shift schedule and use this form to verify that the Controlled Drugs on hand have been counted and that each medication count is in agreement with quantity stated on Controlled Drug Record(s). Use the comment section to note discrepancies and notify appropriate facility staff according to facility policy.

SHIFT VERIFICATION OF CONTROLLED SUBSTANCES COUNT

☐ 8-Hour Shift ☐ 12-Hour Shift ☐ Other________________

DATE	SHIFT	SIGNATURE ON-COMING NURSE	SIGNATURE OFF-GOING NURSE	COMMENTS/DOCUMENTATION
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SAMPLE

Form # MP5212 (Rev. 07/08)

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SHIFT VERIFICATION OF CONTROLLED SUBSTANCES COUNT

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DATE | SHIFT | SIGNATURE ON-COMING NURSE | SIGNATURE OFF-GOING NURSE | COMMENTS/DOCUMENTATION
SHIFT VERIFICATION OF CONTROLLED SUBSTANCES COUNT

SAMPLE

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