

SAMPLE

MONTHLY EXPIRATION DATE & VERIFICATION LOG

YEAR: _____

Please initial each category as you check the Medication and Equipment.

Month	Oxygen Tank at least 3/4 Full with cannula or mask	Emergency Kit – Medications/ Equipment	Sample Medications	In-House Medications	Vacutainers/ Lab Supplies – Culture Tubes	Quality Control Solutions	Other:	Other:
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Initial	Signature