

MONTHLY EXPIRATION DATE & VERIFICATION

1. Please initial each category as you check the Medication and Equipment.
2. An initial indicates that the items were checked, expired items were properly disposed, and replaced as appropriate.
3. Dated items expire on the last date of the month, unless the manufacturer stamped a specific expiration date on the package
4. No item will be kept beyond the manufacturer's expiration date.

YEAR	Oxygen Tank at least ¾ Full with cannula or mask	Emergency Kit – Medications/ Equipment	Sample Medications	In-House Medications	Vacutainers/ Lab Supplies – Culture Tubes	Quality Control Solutions	Other:	Other:
Month								
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

NAME & TITLE	SIGNATURE	INITIAL	NAME & TITLE	SIGNATURE	INITIAL