

Consolidated Eight Hour Controlled Substance Audit

DATE		Night Shift 12am – 8am	Day Shift 8am – 4pm	Evening Shift 4pm – 12am	DATE		Night Shift 12am – 8am	Day Shift 8am – 4pm	Evening Shift 4pm – 12am
		Signature of Auditor					Signature of Auditor		
Sunday	On				Sunday	On			
	Off					Off			
Monday	On				Monday	On			
	Off					Off			
Tuesday	On				Tuesday	On			
	Off					Off			
Wednesday	On				Wednesday	On			
	Off					Off			
Thursday	On				Thursday	On			
	Off					Off			
Friday	On				Friday	On			
	Off					Off			
Saturday	On				Saturday	On			
	Off					Off			
Instructions: Affirm the accuracy of balances shown on each inventory for each controlled drug on the Nursing Unit on the date, and at the time of the audit.				Nursing Unit:					
				From:			To:		
Comments:									