**Indian Health Service Harm Reduction Program**

**Drug Checking Equipment Dispensing Log**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  | **Staff Name/Initials** | **Training Provided**  | **Product Provided** | **# Provided** | **Product Lot and Expiration** | **New or Repeat Request** |
|  |  | □Yes □No, written education provided | FTS XTS |  |  | □New □Repeat |
|  |  | □Yes □No, written education provided | FTS XTS |  |  | □New □Repeat |
|  |  | □Yes □No, written education provided | FTS XTS |  |  | □New □Repeat |
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|  |  | □Yes □No, written education provided | FTS XTS |  |  | □New □Repeat |
|  |  | □Yes □No, written education provided | FTS XTS |  |  | □New □Repeat |
|  |   | □Yes □No, written education provided | FTS XTS |  |  | □New □Repeat |