NOAA Form 57-10-12 (2-12) Page of	U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION		
NOAA Ship	Medication	Expiration Date	
Manufacturer	Strength	Lot Number	

Date	Starting Amount	Amount Used	End Balance	Code	Patient or Purpose / Prescribing Physician	Medication Administrator Name / Medication Administrator Signature	Witness Name / Printed Signature

Transaction Codes: RE = Received RX = Prescribed IN = Inventory TR = Transferred