NOAA Form	57-10-12A
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(2-12)

**CONTROLLED SUBSTANCE INVENTORY LOG** 

U.S. DEPARTMENT OF COMMERC
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

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**Continuation Page** 

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

RE = Received

RX = Prescribed

IN = Inventory

TR = Transferred

DE = Destroyed