LFEMS Drug & Narcotic Accountability
Verification Form

Weekly/Monthly

_____ COUNTY / CITY

WEEKLY/MONTHLY DRUG BOX VERIFICATION FORM

STATION / BATTALION _____

WEEK: _____TO:_____

REVIEWED BY: _____ DATE: _____

	UNIT	MON	TUE	WED	THUR	FRI	SAT	SUN
BOX#								
SEAL#								
EXPIRES								
BOX#								
SEAL#								
EXPIRES								
BOX#								
SEAL#								
EXPIRES								
BOX#								
SEAL#								
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