



Winchester - Frederick Co
Hazardous Materials Response Team
EMS Section
Haz Mat Drug Box Cabinet Check Sheet



Daily Check:

Cabinet Seal #	Date:	Initials:
_____	1	_____
_____	2	_____
_____	3	_____
_____	4	_____
_____	5	_____
_____	6	_____
_____	7	_____
_____	8	_____
_____	9	_____
_____	10	_____
_____	11	_____
_____	12	_____
_____	13	_____
_____	14	_____
_____	15	_____
_____	16	_____
_____	17	_____
_____	18	_____
_____	19	_____
_____	20	_____
_____	21	_____
_____	22	_____
_____	23	_____
_____	24	_____
_____	25	_____
_____	26	_____
_____	27	_____
_____	28	_____
_____	29	_____
_____	30	_____
_____	31	_____

To be completed only if seal is changed

Drug Box #: _____

Seal #: _____ Date: _____ Initials: _____

IV Box:

Seal #: _____ Date: _____ Initials: _____

Physical Box:

Seal #: _____ Date: _____ Initials: _____
