



**Controlled Dosage System**

*Controlled Substances  
Shift Change  
Count-Check-Sheet*

**FAX TO: (251) 625-6502 OR (866) 478-7909**

**Facility:**

**Station:**

Month:				Year:			
Date	Time	Nurse		Date	Time	Nurse	
		Initials				Initials	
		On	Off			On	Off
1	7			12	7		
	3				3		
	11				11		
2	7			13	7		
	3				3		
	11				11		
3	7			14	7		
	3				3		
	11				11		
4	7			15	7		
	3				3		
	11				11		
5	7			16	7		
	3				3		
	11				11		
6	7			17	7		
	3				3		
	11				11		
7	7			18	7		
	3				3		
	11				11		
8	7			19	7		
	3				3		
	11				11		
9	7			20	7		
	3				3		
	11				11		
10	7			21	7		
	3				3		
	11				11		
11	7			22	7		
	3				3		
	11				11		
23	7			24	7		
	3				3		
	11				11		
25	7			26	7		
	3				3		
	11				11		
27	7			28	7		
	3				3		
	11				11		
29	7			30	7		
	3				3		
	11				11		
31	7			31	7		
	3				3		
	11				11		

NOTE: TIME INDICATES THE HOUR WHEN SHIFT STARTS

**IRREGULARITIES MUST BE REPORTED IMMEDIATELY TO THE NURSING DIRECTOR!!!**

Name	Initials	Name	Initials	Name	Initials	Name	Initials

7101 Highway 90, Suite 300 • Daphne, Alabama 36526  
Phone (251) 625-6100 • Toll Free (877) 770-7923 • Fax (251) 625-6502 • Toll Free Fax (866) 478-7909

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