Sample: Controlled Drug Audit Tracking Sheet

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Drug: | Form:  | Strength: | Size: |
| Date of Audit | Auditor’s Name | Acquisitions and Usage Checks as per Protocol: Issues of Note(e.g., none; damaged container, inventory loss, initials missing, etc.) | Auditor’s Initials |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |