Hillcrest	Educationa	al Centers Controlled D	rug Count Record	
		Month	Year	Campus
DATE	TIME	NURSE	NURSE/WITNESS	COMMENTS
Signing a	bove acknow	ledges that you have count	ted the controlled drugs on hand ar	d have found that the quantity of each
medicatio	on counted is	in agreement with the quar	ntity stated on the Controlled Drug	d have found that the quantity of each Administration Record.
Record ar	ny discrepand	ies or pertinent notes in C	OMMENTS section.	