LFEMS Drug & Narcotic Accountability Verification Form

Daily/Weekly/Shift

| | COUNTY / CITY DAILY/WEEKLY/SHIFT DRUG BOX VERIFICATION FORM STATION / BATTALION | | | | | | | |
|-------|---|-----|-------|--|--|--|--|--|
| WEEK: | | TO: | DATE: | | | | | |

| | UNIT | MON | TUE | WED | THUR | FRI | SAT | SUN |
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| BOX# | | | | | | | | |
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