Urgent Pandemic Pack Blank Recording Template

CARE HOME …… **DRUG NAME** …… **DRUG STRENGTH** …… **BALANCE C/F** ……

STOCK RECEIVED					ACCOUNTABILITY RECORD FOR ADMINISTERED DOSES							
DATE	**TIME**	**RECEIVED FROM (E.G PHARMACY NAME)**	**AMOUNT RECEIVED**	**CHECKED BY: (PRINT & SIGN)**	**DATE**	**TIME**	**RESIDENT NAME**	**DOSE GIVEN**	**GIVEN BY: (PRINT & SIGN)**	**CHECKED BY: (PRINT & SIGN)**	**STOCK BALANCE**	**STOCK CHECK (INITIALS)**