CONTROLLED DRUG AUDIT DATE: _____

Love Our Oceans Project

Drug Name / Strength [mg/ml]	DISPENSED Bottle #/Name	DIN #	Last Weight on Sheet (g)	Audit Weight (g)	STOCK Bottle(s)# / Name(s)	Stock Volume (mL)	Auditor Initials	

Designated Registrant Initials: _____

Comments: