Uncontrolled Substance Log

Delivered by: _____ Signature: _____		Witness: _____

Date:	Time:	Amount given:	Amount remaining:	Shift:	CG signature:

CG signature: _____ Initials ___ CG signature: _____ Initials ____
CG signature: _____ Initials ___ CG signature: _____ Initials ____