



## Monthly Expired Medication Review

Program: \_\_\_\_\_

Year: \_\_\_\_\_

Month	Staff Member	Date Completed
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

All **medications and medical supplies** stored in the medication room must be **checked monthly** for **contamination, deterioration, and/or expiration** and shall be logged appropriately for destruction. Retain Logs for **3 years**.