

OKLAHOMA DEPARTMENT OF CORRECTIONS

COMMUNITY CORRECTIONS

(select appropriate box)



SUPERVISED MEDICATION/SYRINGE COUNT LOG

SUPERVISED TDU MEDICATION LOG

Inmate Name: _____ ODOC #: _____

Medication/Syringe: _____ Quantity: _____ RX #: _____

Instructions: _____

Medication/Syringes Delivered By: _____ Date: _____

Date	Time	Med Quantity		Syringe Quantity		Inmate Signature	Staff Signature	Bal	Count Correct Time/Date Nurse Signature
		(+)	(-)	(+)	(-)				

*For any unresolved discrepancies, please notify the facility shift supervisor and CHSA (host facility) within one hour of discovery. See MSRM 140130-03 entitled "Controlled Drug Procedures" for further instruction.