|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Items that may Expire | November | December | January | February |
|  | Blue Culture Swabs |  |  |  |  |
| Curettes |  |  |  |  |
| Povidone-Iodine |  |  |  |  |
| Sterile Saline |  |  |  |  |
| Free Blades |  |  |  |  |
| Disposable Blades |  |  |  |  |
| Derma Blades |  |  |  |  |
| Sutures |  |  |  |  |
| Formalin |  |  |  |  |
| Syringes |  |  |  |  |
| Needles |  |  |  |  |
| Surgical Markers |  |  |  |  |
| Hibiclens |  |  |  |  |
| Peroxide |  |  |  |  |
| **❾** | Alcohol Swabs |  |  |  |  |
| Lubricant Gel |  |  |  |  |
| Triple Abo Ointment |  |  |  |  |
| Nail Polish Removal Pads |  |  |  |  |
|  | Thin Prep Liquid |  |  |  |  |
| BD Affirm Kit |  |  |  |  |
| Adhesive Tape Removal Pads |  |  |  |  |
| GC/Chlamydia Kits |  |  |  |  |
| Ob Towelettes |  |  |  |  |
|  | Tegaderm |  |  |  |  |
| Benzdine |  |  |  |  |
| Benzoin |  |  |  |  |
| Sani-Wipes |  |  |  |  |
| Steri-Strips |  |  |  |  |
| Xeroform Sheets |  |  |  |  |
|  | Sterile Gloves |  |  |  |  |
| Non-Absorbent Pads |  |  |  |  |
|  | Name/Signature |  |  |  |  |
| Date Completed: |  |  |  |  |
| Initial each box to verify that each item was checked for expiration date. Remove all items that will expire in the next 30 days, and dispose of them in the proper manner.  Checks must be completed by the end of the first week of each new month.  Keep sheet in room binder for auditing purposes.  \*If you use the room, you are responsible for the supplies in it.\* | | | | | |

**❶**

**❻**

**❽**

**❸**

**Locked Cupboard**

**②③④⑤⑥⑦⑧⑨⑩⓪**

**❷❹❺❼❿⓿**

**Top Right Drawer**

**Middle Right Drawer**

**Mid Top Drawer**

**❶**

**Second Left Dra❸wer**

**❸**

**❶**

LOC: ①

LOC: **❶**

I

**❸**

**❶**