

Form 2 – Monthly NaloxBox Audit by LHD

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year: | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| SUPPLIES AVAILABLE | 1. Rescue breathing barrier device
2. alcohol pads
3. gloves
 |   |   |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Multilingual (English/Spanish) instructional booklet |   |   |  |  |  |  |  |  |  |  |  |  |
| Naloxone kit: Available and untampered |   |   |  |  |  |  |  |  |  |  |  |  |
|  | If not, document replacement of kit |   |   |  |  |  |  |  |  |  |  |  |  |
|  |
| ONSITE UNIT | Clean: no dirt or contamination  |   |   |  |  |  |  |  |  |  |  |  |  |
|  No damage present  |   |   |  |  |  |  |  |  |  |  |  |  |
|  Expiration date |   |   |  |  |  |  |  |  |  |  |  |  |
| Lot Number |   |   |  |  |  |  |  |  |  |  |  |  |
|  |
| Inspected By:  |   |   |  |  |  |  |  |  |  |  |  |  |
| Date & Time |  |  |  |  |  |  |  |  |  |  |  |  |