

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 | | |  |  |  |  |  |  |  |  |  |  |  |  |