CONTROLLED SUBSTANCES INVENTORY

For use of this form see AR 40-3; the proponent agency is OTSG

TO BE USED WITH DA FORM 3949

WARD

MONTH AND YEAR

DAY OF THE MONTH	TOUR OF DUTY	NURSE'S SIGNATURE THIS IS A CORRECT INVENTORY OF CONTROLLED SUBSTANCES AT THE TIME OF TRANSFER OF POSSESSION. *FIRST LINE - Signature of off-going nurse.* *SECOND LINE - Signature of on-coming nurse.*	CONTROLLED SUBSTANCES											
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o
	DAY													
	EVE													
	NIGHT												