

IREDELL COUNTY EMS

ver. 1.0 01/28/06

Expiring Stock Sheet

(Please fill out during truck check-off on your 1st shift of the month, then if you are the 1st or 2nd shift to use, hand-off to next shift. If you are the last shift turn sheet into your supervisor. Please only list what stock items will expire at the end of the current month.)

Unit #: _____ Date ___/___/___ A-Shift Checked B-Shift Checked C-Shift Checked

STOCK ITEM NAME	COUNT (optional)	TOTAL EXPIRING	DATE OF EXPIRATION
_____	_____	_____	___ / ___ / ___

STOCK ITEM NAME	COUNT (optional)	TOTAL EXPIRING	DATE OF EXPIRATION
_____	_____	_____	___ / ___ / ___

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_____	_____	_____	___ / ___ / ___

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_____	_____	_____	___ / ___ / ___

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_____	_____	_____	___ / ___ / ___

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_____	_____	_____	___ / ___ / ___