EMERGENCY CART CHECKLIST

TOP SHELF										
MEDICATIONS			**Date: ___________**		**Date: ___________**		**Date: ___________**		**Date: ___________**	
			✓ items that are on cart	∗ items to re-stock	✓ items that are on cart	∗ items to re-stock	✓ items that are on cart	∗ items to re-stock	✓ items that are on cart	∗ items to re-stock
	Expiry Dates									

IMPORTANT: If Emergency Cart has been used, please have items replaced.

EMERGENCY CART CHECKLIST

2nd SHELF								
	Date: _____		**Date: _____**		**Date: _____**		**Date: _____**	

IMPORTANT: If Emergency Cart has been used, please have items replaced.

EMERGENCY CART CHECKLIST

BOTTOM SHELF								
	Date: _____		Date: _____		Date: _____		Date: _____	
	✓ items that are on cart	✱ items to re-stock	✓ items that are on cart	✱ items to re-stock	✓ items that are on cart	✱ items to re-stock	✓ items that are on cart	✱ items to re-stock
Signature of person inspecting cart								
Signature of person reading checklist								
Date of Re-stocking Items								
Expiry Dates Recorded on Checklist								
Initials of person re-stocking								

IMPORTANT: If Emergency Cart has been used, please have items replaced.