



**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
COMMUNITY SERVICES**

Controlled Substance Count Sheet

Name: _____

MCI #: _____

Medication: _____

Dosage: _____

Prescription Number: _____

Quantity Received: _____

DATE	TIME	AMOUNT ON HAND	AMOUNT GIVEN	AMOUNT	SIGNATURE
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Off-going staff MUST count controlled medication in the presence of the on-coming staff at each shift change. In the event, there is no on-coming staff, the off-going staff will perform the count. However, the count will occur between on coming and off-going staff within a minimum time frame of every 24 hours.