FNIHB POLICY AND PROCEDURES ON CONTROLLED SUBSTANCES (CS) FOR FIRST NATIONS HEALTH FACILITIES

ANNEX 1 CONTROLLED SUBSTANCES SIGNATURE AND ACKNOWLEDGEMENT FORM

NAME OF HEALTH FACILITY_____ PAGE No. _____

It is mandatory to complete Annex 1 for ALL employees who have been granted access to CS by the nurse in charge and who will make entries in the CS Register Forms. Your signature is required for identification purposes and to indicate you have read and understood the FNIHB Policy and Procedures on Controlled Substances. This form must be signed before making any entries in other CS Register Forms.

Date	Name (PRINT)	Designation	Signature	Initials

Keep sheet for 2 years after last entry. Personnel must re-sign every 2 years. Blank forms to be reproduced locally.