

County of San Bernardino
Department of Behavioral Health



INTEROFFICE MEMO

DATE:

PHONE:

FROM:

(Clinic Medical Director)

TO:

(Regional Medical Director)

SUBJECT: QUARTERLY PHYSICIAN'S CABINET INSPECTION

Inspected on _____, 20_____.

Clinic Inspected_____

An inspection of physician's cabinet and room was done. The following items were noted:

	Locked	Unlocked
1. Medicine Cabinet Comment_____	[]	[]
2. Physician's Room Comment_____	[]	[]
	YES	NO
3. Cabinet clean and free of non-medical items. Comment_____	[]	[]
4. Used needles inside disposal unit Comment_____	[]	[]
5. Medications in the desk are expired Comment_____	[]	[]
6. Prescriptions pads lying on table Comment_____	[]	[]

Additional Comments_____