NALOXONE NASAL SPRAY MONTHLY CHECKLIST

Site											Year			
Location of Naloxone nasal spray										N	Naloxone Kit			
						Monthl	y Check							
						lly inspect								
				✓Store				177F (15C a	and 25C)					
						spect for pa								
					v	Check exp	eiration da	ate						
		August	September	October	November	December	January	February	March	April	May	June	July	
Initials														
Action Notification Log: Notify the school administrator immediately for Naloxone nasal spray PROBLEMS or USE														
NALOXC	ONE KIT F	ROBLEM	1S											
Date	Time Person Reporting Problem			Describe Problem					School Admin. Notified (Name-Title) Ste		Steps ta	eps taken to resolve problem		
NALOXONE USE														
Date Time			Naloxone Was	Staff Student Visitor		Administered	Describe Symptom				School Adm			
Date	Time	administered (Name) Visitor			(Name-Title) D				escribe symptom			(Name-Title)		
PRINT NAME/INITIAI		Name			Initial		Name	Initial		Name			Initial	