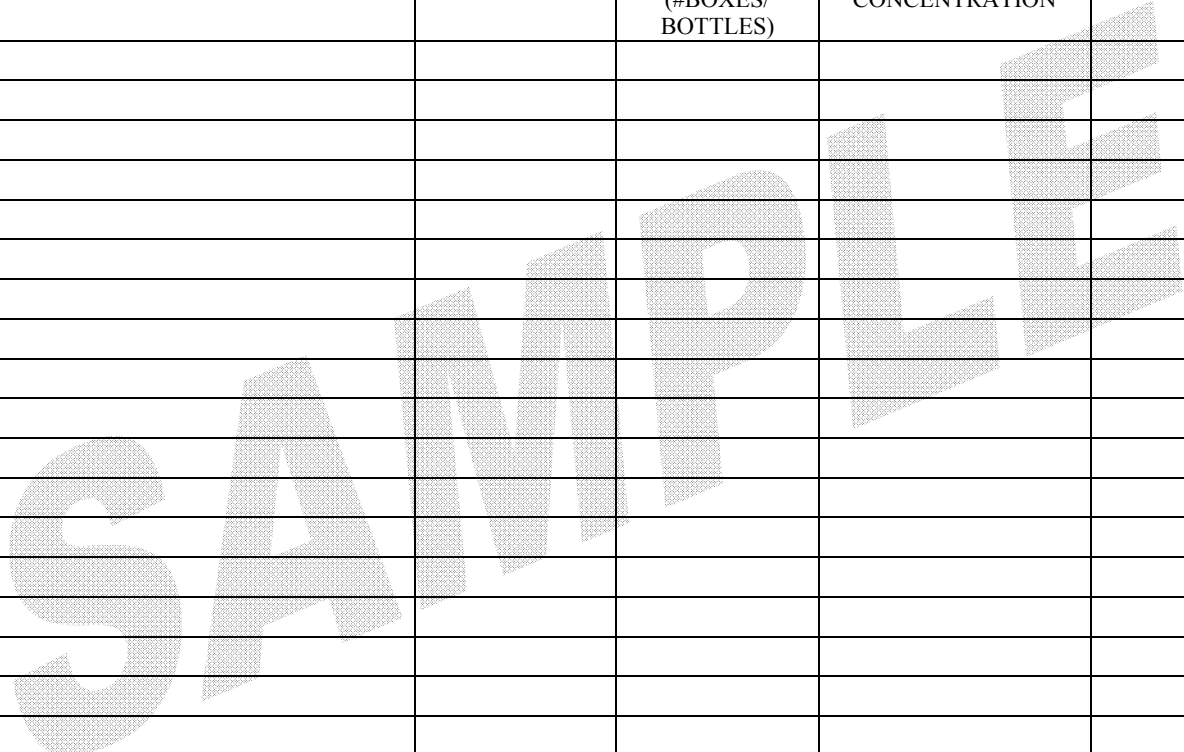


INVENTORY INSPECTION LOG

MEDICATION SAMPLES

DATE OF RECEIPT	DRUG	LOT #	QUANTITY (#BOXES/BOTTLES)	DOSE/CONCENTRATION	EXP DATE	INITIALS OF REVIEWER



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If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@psicinsurance.com.