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| **Name:** | **Title:** |
| **Department:** | **Room:** |
| **Date:** | **Time:** |

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| **Drugs/Strength** | **Package Size** | **Partial Or Full** | **Inventory** |
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| I certify that the above closing inventory is complete and accurate as specified in Title 21, Code of Federal Regulations, Part 1304.1(a) |  |  |
|  | Witness and Date | |
|  |  |  |
| Signature / Date |  | Witness and Date |