

Monthly Inspection

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES  
MONTHLY MEDICATION EXPIRATION DATE INSPECTION**

CLINIC NAME \_\_\_\_\_ YEAR \_\_\_\_\_

**All medications are within their expiration date**

MONTH	DATE	INITIALS	YES	NO	NOTES
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					