

Glenn County

Medical / Safety Supply
Monthly Check Sheet

Year: _____

Month	Supplies Checked By	Date Checked	Condition Acceptable	Date Supplies Were Ordered
January			<input type="checkbox"/> Yes <input type="checkbox"/> No	
February			<input type="checkbox"/> Yes <input type="checkbox"/> No	
March			<input type="checkbox"/> Yes <input type="checkbox"/> No	
April			<input type="checkbox"/> Yes <input type="checkbox"/> No	
May			<input type="checkbox"/> Yes <input type="checkbox"/> No	
June			<input type="checkbox"/> Yes <input type="checkbox"/> No	
July			<input type="checkbox"/> Yes <input type="checkbox"/> No	
August			<input type="checkbox"/> Yes <input type="checkbox"/> No	
September			<input type="checkbox"/> Yes <input type="checkbox"/> No	
October			<input type="checkbox"/> Yes <input type="checkbox"/> No	
November			<input type="checkbox"/> Yes <input type="checkbox"/> No	
December			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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