CONTROLLED SUBSTANCES INVENTORY For use of this form see AR 40-3; the proponent agency is OTSG													TO BE USED WITH DA FORM 3949										MONTH AND YEAR						
	CONTROLLED SUBSTANCES									1						CONTR	OLLED S	SUBSTA	NCES (C	Continued	()					\neg			
DAY OF THE MONTH	TOUR OF DUTY	NURSE'S SIGNATURE THIS IS A CORRECT INVENTORY OF CONTROLLED SUBSTANCES AT THE TIME OF TRANSFER OF POSSESSION. FIRST LINE - Signature of off-going nurse. SECOND LINE - Signature of on-coming nurse.																											
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