

Mississippi Department of Human Services
Division of Youth Services
Medical Services
Sharps Inventory Control

Item: _____

#	Date	Used	Wasted	Initials	#	Date	Used	Wasted	Initials
25					12				
24					11				
23					10				
22					9				
21					8				
20					7				
19					6				
18					5				
17					4				
16					3				
15					2				
14					1				
13									
Initials	Signature		Initials	Signature		Initials	Signature		

Form Completed and filed by: _____
Signature
Date