**贵州大学药学院**

急救药箱检查记录表

崇义楼 实验室

**急救药箱检查记录表**

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| **检查日期****（年/月/日）** | **药品是否齐全** | **药品是否在有效期** | **检查人** | **备注** |
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**注：每个实验室每月检查一次，如有使用请及时补充，有药品过期请及时更换。**