



# Just in Case (JIC) Box Security Tag Sheet



SURNAME: \_\_\_\_\_

FORENAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

URN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESSOGRAPH

The tag should be broken and replaced:

- **Once a month when the JIC box contents are routinely checked.**
- **When medications are received into or given from the JIC box.**

DATE	TIME	SECURITY TAG IN PLACE AND INTACT? (Yes/No)*	IF BOX IS OPENED, STOCK OF ALL MEDICATIONS CORRECT? (Yes/No/Not applicable)*	TAG NUMBER	SIGNATURE(s)

**\* If it is suspected the tag has been tampered with or there is a stock discrepancy, contact your team leader immediately and investigate accordingly.**

DATE	TIME	SECURITY TAG IN PLACE AND INTACT? (Yes/No)*	IF BOX IS OPENED, STOCK OF ALL MEDICATIONS CORRECT? (Yes/No/Not applicable)*	TAG NUMBER	SIGNATURE(s)

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