

SAFE STORAGE PROGRAM TRACKER

Location of Pharmacy: _____

Date	Number of safe storage conversations (per week)	Number of patients who took a locking bag (per week)
10/3 – 10/8		
10/10 – 10/15		
10/17 – 10/22		
10/24 – 10/29		
10/31 – 11/5		
11/7 – 11/12		
11/14 – 11/19		
11/21 – 11/26		

Date	Number of safe storage conversations (per week)	Number of patients who took a locking bag (per week)
11/28 – 12/3		
12/5 – 12/10		
12/12 – 12/17		
12/19 – 12/24		
12/26 – 12/31		
1/2 – 1/7		
1/9 – 1/14		
1/16 – 1/21		
1/23 – 1/28		