



# Controlled Substance Inventory Form



EMS Provider: \_\_\_\_\_ Vehicle \_\_\_\_\_ Month/Year: \_\_\_\_\_

**Instructions:** This log must be signed daily and initialed whenever the controlled substance inventory is changed, by two different providers (one off-going and one on-coming for daily counts) after visually inspecting the drugs to confirm that they are present, intact, and in the quantities specified by the SFV EMS System.

Begin a new form on the first day of each month.

Date	Signatures	Fentanyl 100 mcg (4)	Ketamine 500 mg (1)	Midazolam 5 mg (2)	Midazolam 10 mg (1)	Tag # (optional)	Initials
Ex	Offgoing <i>John M. Ortinau</i>	3	0	2	1	2	JO
	Oncoming <i>Jane Q. Paramedic</i>	0	2	2	1	2	JP
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							



# Controlled Substance Inventory Form



Date	Signatures	Fentanyl 100 mcg (4)	Ketamine 500 mg (1)	Midazolam 5 mg (2)	Midazolam 10 mg (1)	Tag # (optional)	Initials
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Return the completed Log to your designated System hospital EMS Coordinator/educator by the 15th day of the following month for record storage and these forms must be retained for a minimum of two years.

I affirm that I have reviewed this Log for CQI purposes. If any signatures or counts were omitted, I have addressed the omissions with the involved personnel and have appended their explanations to this form.

Signature: Provider EMS Coordinator

Date forwarded to hospital EMSC/educator