## **Northwest Community EMS System**

# CONTROLLED SUBSTANCE (CS) LOG NON-TRANSPORT Vehicles - Rev. 10/29/24

EMS Agenc	y:	Vehicle ID#	_Month/Year:	
Instructions:	This log must be signed daily by two different	t PMs (one off-going and one on-coming) AND i	nitialed whenever the CS inventory is	s changed after visually inspecting drugs to confirm that they

present, intact, within exp. dates, and in required quantities. If any alternate drug is added due a shortage, note on the log. If any drug is not present, the discrepancy must be reconciled immediately per System policy C6 Controlled Substances. Note the number present in that column. **Begin a new Log on the first day of each month**.

Date	Off-going Pa		Oncoming p		Fentanyl 100 mcg (3)	Lot #		Ketamine 500 mg (1)	Lot#	Exp. Date	Midazolam 10mg (2)	Fot #	Exp. Date	Name of Approved Substitute Drug	Fot #	Exp. Date	Last 4 of tag	Changes logged (X)
Ex	Signature	PM license #	Signature	PM License #	3	LT1234	1/1/24	1			2			Morphine			1234	Х
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
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22																		

# Northwest Community EMS System CONTROLLED SUBSTANCE (CS) LOG NON-TRANSPORT Vehicles - Rev. 10/29/24 Page 2

EMS	Agency:		Vehicle	ID#			Mor	nth/Ye	ear:			_						
Date	Off-going Para	ımedic	Oncoming p	aramedic	Fentanyl 100 mcg (3)	Lot#	Exp. Date	Ketamine 500 mg (1)	Lot #	Exp. Date	Midazolam 10mg (2)	Lot #	Exp. Date	Name of Approved Substitute Drug	Lot #	Exp. Date	Last 4 of tag	Changes logged (X)
Ex	Signature	PM license #	Signature	PM License #	3	LT1234	1/1/24	1			2			Morphine			1234	
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
SUPE	PI FMENTAL I OG: En	tries are requir	red when C.S are given	exchanged or	other r	notable ev	ents occ	ıır Tw	o PMs m	ust sian a	fter vis	sually ins	necting c	drugs to con	firm thev	are prese	nt ints	act

within expiration dates, and in the required quantities. If additional supplemental entries needed, utilize page 3.

Date	Paramedic #1		Paramedic #2		Medication	Reason for exchange	Lot#	Exp. Date	New Tag #: Last 4	PCR#
Ex	Signature	PM license #	Signature	PM License #	Ketamine	Given	LT1234	1/1/24	1234	

Instructions: Return completed Daily and Supplemental logs to your PEMSC who will review, sign, and forward to the assigned HEMSC/ educator by the 4th week of the following month to review, sign, and arch
for at least 5 years. The signers affirm they have reviewed this Log for CQI purposes. If any signatures or counts were omitted, they attest to addressing the omissions with the involved personnel and have append
their explanations to this form.

Signature: Provider EMS Coordinator Date	Signature Hospital EMSC/educator	Date
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## **Northwest Community EMS System**

Medication

Ketamine

Month/Year:

Reason for

exchange

Given

Lot#

LT1234

Exp. Date

1/1/24

Signature Hospital EMSC/educator

**New Tag** 

#: Last 4

1234

PCR#

Date

# CONTROLLED SUBSTANCE (CS) LOG NON-TRANSPORT Vehicles - Rev. 10/29/24 Page 3

Vehicle ID#

Signature

Paramedic #2

Date

PM License #

EMS Agency:\_\_\_

Paramedic #1

Signature: Provider EMS Coordinator

PM license #

Signature

Date

Ex

 ners affirm they have rev		l	1			