| | EMS Agency: | | Vehicle ID# | | | Mor | th/Ye | ar: | | | |
|------|------------------------------|--------------|--|--------------|-------------------------|---------------------|-----------------------|----------------------|-----------------------|----------------|--------------------|
| | structions: This log must be | | o different PMs (one off-go | | | | | | | | |
| | | | that they are present, intact | | | | | | | | |
| adde | | | g is not present, the discrep r present in that column. Be | | | | | | | olicy Co Corti | olled |
| | | | | | | | | | | ge | ged |
| Date | Offgoing Parar | medic | Oncoming Para | medic | entanyl 10 mcg (0) | ine 5 g (1) | Midazolam 10mg (1) | ine 10 (0) | zepam mg (0) | Last 4 of tag | ss log |
| ۵ | | | | | Fentanyl 100 mcg (0) | Ketamine 500 mg (1) | Mida 10r | Morphine 10mg (0) | Diazepam 10 mg (0) | Last | Changes logged (X) |
| | Signature | PM license # | Signature | PM License # | 0 | 1 | 1 | 0 | 0 | 1234 | O |
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CONTROLLED SUBSTANCE (CS) LOG ALS NON-TRANSPORT - Rev. 11/1/24

CONTROLLED SUBSTANCE (CS) LOG ALS NON-TRANSPORT - Rev. 11/1/124

SUPPLEMENTAL LOG: Entries are required when CS are given, exchanged, or other notable events occur. Two PMs must sign after visually inspecting drugs to confirm they are present, intact, within expiration dates, and in the required quantities. If additional supplemental confirmation dates, and in the required quantities. If additional supplemental confirmation dates, are present, intact, within expiration dates, and in the required quantities. If additional supplemental confirmation dates, are present, intact, within expiration dates, and in the required quantities. If additional supplemental confirmation dates, are present, intact, within expiration dates, and in the required quantities.

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| | | | | | | | | | | | | | | | | | | | | | | First of the mo | 1 | Paramedic |
| | | | | | | | | | | | | | | | | | | | | | | First of the month lof# and Exp Dates of Controlled Substance on hand: | | License # |
| | | | | | | | | | | | | | | | | | | | | | | stance on hand: | | Reason For Exchange |
| EXP Date: | Lot#: | EXP Date: | Lot #: | EXP Date: | Lot#: | EX | | Lot # & Exp Date |
| | | | | | | | | | | | | | | | | | | | | | | | | Fentanyl 100 mcg |
| | | | | | | | | | | | | | | | | | | | | | | | | Ketamine 500 mg |
| | | | | | | | | | | | | | | | | | | | | | | | | Midazolam 10 mg |
| | | | | | | | | | | | | | | | | | | | | | | | | Morphine 10 mg |
| | | | | | | | | | | | | | | | | | | | | | | | | Diazepam 10 mg |
| | • | | | | | | | | | | | | | | | | | | | | | | | New Tag # |
| | | | | | | | | | | | | | | | | | | | | | | $\sqrt{}$ | \setminus | PCR# |

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 archive 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 appended their explanations to this form.

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 appended their explanations to this form.

Signature Hospital EMSC/Educator:

Signature: Provider EMS Coordinator:

CONTROLLED SUBSTANCE (CS) LOG ALS NON-TRANSPORT - Rev. 11/1/124 SUPPLEMENTAL LOG PAGE 3

| Lot#: | EXP Date: |
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Signature Hospital EMSC/Educator: