

CONTROLLED SUBSTANCE (CS) LOG ALS NON-TRANSPORT - Rev. 11/1/24

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 entries needed, utilize a second Supplemental Log sheet.**

Date	Paramedic	License #	Reason For Exchange	First of the month lot# and Exp Dates of Controlled Substance on hand:		Fentanyl 400 mg	Ketamine 300 mg	Midazolam 10 mg	Morphine 10 mg	Diazepam 10 mg	New Tag #	PCR #
				Lot # & Exp Date	Lot # & Exp Date							
				Lot #:								
				EXP Date:								
				Lot #:								
				EXP Date:								
				Lot #:								
				EXP Date:								
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				EXP Date:								
				Lot #:								
				EXP Date:								
				Lot #:								
				EXP Date:								
				Lot #:								
				EXP Date:								

Instructions: Return completed Daily and Supplemental logs to your PEMISC who will review, sign, and forward to the assigned HEMISC/ 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 CDI 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.

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Signature: Provider EMS Coordinator: _____

Date: _____

Signature: Hospital EMS/ Educator: _____

Date: _____

SUPPLEMENTAL LOG PAGE 3

Date:	Paramedic	License #	Reason For Exchange	Lot # &	Fentanyl	Ketamine	Midazolam	Morphine	Diazepam	New Tag #	PCR #
				Exp Date	100 mcg	500 mg	10 mg	10 mg	10 mg		
				Lot #:							
				EXP Date							
				Lot #:							
				EXP Date							
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				EXP Date							
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				EXP Date							
				Lot #:							
				EXP Date							

Instructions: Return completed Daily and Supplemental logs to your PEI/MSO who will review, sign, and forward to the assigned HEI/MSO/ 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.

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Signature: Provider EMS Coordinator:

Date:

Signature Hospital EMSC/Educator:

Date: