## CONTROLLED SUBSTANCE (CS) LOG AMBULANCE - Rev. 11/1/24

EMS Agency:	Vehicle ID#	Month/Year:
Instructions: This log must be signed daily	y by two different PMs (one off-going and one	on-coming) AND initialed whenever the CS inventory is
changed after visually inspecting drugs to co	onfirm that they are present, intact, within exp.	dates, and in required quantities. If any alternate drug is
added due a shortage, note on the log. If an	ny drug is not present, the discrepancy must be	e reconciled immediately per System policy C6 Controlled
Substances. Note the r	number present in that column. <b>Begin a new L</b>	og on the first day of each month.

B         Offgoing Parameter         Oneoming Parameter         Oneoming Parameter         Signature         PH Lense         Signature         Sign		Substance		r present in that column. Be								þé
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SUPPLE	CONTROLLED SUBSTANCE (CS) LOG AMBULANCE - 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	CONTROLLED SUBSTANCE (CS) LOG AMBU 1, exchanged, or other notable events occur. Two PMs must sign after visually inspe	LED SU	Cur. Two PMs	E (CS) LO	G AMBUI	ting drugs to confirm they	Rev. 11/1/24 nfirm they are J	present, intact, v	vithin expiration	n dates, and in t	ne required quantities. If
Date:	Paramedic License #	nse # Reason For Exchange	ar supprement	Fentanyl 100 mcg	Fentanyl 100 mcg	Fentanyl 100 mcg	Ketamine 500 mg	Midazolam 10 mg	Midazolam 10 mg	Morphine 10 mg	Diazepam 10 mg	New Tag # PCR #
	First of the month lot# and Exp Dates of Controlled Substance on hand:	olled Substance on han										$\setminus$
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Instructions	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.	view, sign, and forward to the assign attest to a CQI purposes. If any signatu	led HEMSC/ educ ddressing the omis	ator by the 4th week ssions with the involv s were omitted.	of the following mont ed personnel and hav	h to review, sign, and e appended their exp <b>Idress<i>ing th</i>e o</b> r	d archive for at least lanations to this form <b>nissions with th</b>	5 years. The signers n. <b>ne involved pers</b>	affirm they have revi onnel and have	ewed this Log for CQ appended their	l purposes. If any signations to	inatures or counts were omitted, to this form.
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N I O	nature: Provider EMS Coordinator:	Date			Sionat	ure Hosnital Fl	MSC/Educator-				Date:	

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				SUPPL	EMEN	SUPPLEMENTAL LOG PAGE 3	)G PAG	Ε3						
Date:	Paramedic	License #	Reason For Exchange	Lot # & Exp Date	Fentanyl 100 mcg	Fentanyl 100 mcg	Fentanyl 100 mcg	Ketamine 500 mg	Midazolam 10 mg	Midazolam 10 mg	Morphine 10 mg	Diazepam 10 mg	New Tag #	PCR #
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