

Appendix 6 - Sample



EMS Agency Controlled Substances Log Sheet

Supervisor Verification _____

Date: _____

Boxes Pending _____

Date	Unit#	Box #	Green Tag #	Versed, Fentanyl, Ketamine	Exp Date	Boxes Left in Cabinet (list)	# of Boxes	Paramedic Name	Employee #	Witness Name	Employee #
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □3, □1				Signature Print		Signature Print	