FIRE DEPARTMENT
CONTROLLED SUBSTANCE LOG

DRUG / DOSAGE	MORPHINE	10 mg / 2cc	NASAL VERSED	5 mg / 1 cc	VERSED	2 mg / 2 cc
	PAR LEVEL					

Month / Year: ______________________

Unit ID: ______________________

DAY	COUNT	USE / ADD	COUNT	USE / ADD	COUNT	USE / ADD	PATIENT (last, first)	MEDIC: Name Signed / Name Printed	MG USED	MG WASTE	Control Number	OBSERVED BY: DELIVERED BY: Signature/Printed

FAX to Agency Rep on the first of each month. ❑ **FAXED BY ________**

_____ **NOTIFY BC IMMEDIATELY OF ANY DISCREPANCIES IN DAILY COUNT (fax in Explanation/Resolution form)**