

Silver Cross EMS System Monthly Controlled Substance Inventory Log

CS REQUIRED on ALS Ambulances: Versed 20mg, Fentanyl 200mcg, Ketamine 500mg
 CS REQUIRED on ALS Non-Transports: Versed 10mg, Fentanyl 100mcg, Ketamine 0

Agency:
Month/Year:
Amb Plate # or NT last 4 VIN:

Your signature below confirms that you've verified total CS drug amounts are present and accounted for per SCEMSS policy 300-37. If the tag # hasn't changed and you are unable to see through the lock box, reprint the tag number and write "no tag change" through the boxes where you would normally inventory the medications.

Day	Tag #	VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #
		mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #		
1												
2												
3												
4												
5												
6												
7												

		Agency:					Month/Year:					Amb Plate # or NT last 4 VIN:	
Day	Tag #	VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #	
		mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #			
16													
17													
18													
19													
20													
21													
22													
23													

		Agency:					Month/Year:					Amb Plate # or NT last 4 VIN:	
Day	Tag #	VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #	
		mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #			
24													
25													
26													
27													
28													
29													
30													
31													

