

Department

Ambulance #

Month

Year

Controlled Substance Inventory

DATE	SIGNATURE	MORPHINE SULFATE 20 mg total	VERSED 20 mg total	AMYL NITRITE 40 mg – sealed box	ETOMIDATE 120 mg total
1	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
2	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
3	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
4	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
5	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
6	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
7	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
8	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
9	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
10	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
11	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
12	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
13	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
14	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
15	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
16	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.



Controlled Substance Inventory

Record drug administration at bottom of this page. Attach a copy of the run report.



DATE	SIGNATURE	MORPHINE SULFATE 20 mg total	VERSED 20 mg total	AMYL NITRITE 40 mg – sealed box	ETOMIDATE 120 mg total
17	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
18	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
19	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
20	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
21	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
22	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
23	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
24	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
25	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
26	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
27	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
28	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
29	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
30	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.
31	Oncoming shift	Vial 1 – Inv. # Exp.	Vial 1 – Inv. # Exp.	Lot #	Lot #
	Offgoing shift	Vial 2 – Inv. # Exp.	Vial 2 – Inv. # Exp.	Exp.	Exp.

ne	Patient Name	Drug & Amount	Ordered By	Given By	Replaced By	Run Report #

