Northwest Community EMS System CONTROLLED SUBSTANCE (CS) LOG NON-TRANSPORT Vehicles - Rev. 10/1/20

EMS Agency:	Vehicle ID#	_Month/Year:
Instructions: This log must be signed daily by two different	PMs (one off-going and one on-coming) AND init	ialed whenever the CS inventory is changed after
visually inspecting drugs to confirm that they are present, inta	act, within exp. dates, and in required quantities. If	any alternate drug is added due a shortage, note

visually inspecting drugs to confirm 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 any drug is not present, the discrepancy must be reconciled immediately per System policy C6 Controlled Substances. Note the number present in that column. Begin a new Log on the first day of each month.

ıte	Offgoing Para	<u> </u>	Oncoming paramedic			Ketamine 500 mg (1)	Midazolam 10mg (1)	Morphine 10mg (0)	Diazepam 10 mg (0)	Last 4 of tag	Changes logged (X)
Date					Fentanyl 100 mcg (1)	50C	Mic 10	ĭ €	Dis 10		<u>ව හි</u>
Ex	Signature	PM license #	Signature	PM License #	1	1	1	0	0	1234	
Ex	R. Manthy	060112032	T. Hayes	123456789	1	1	1	0	0	6789	Х
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Month/Year

Vehicle ID#

FMS Agency:

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Date	e Offgoing Paramedic		Oncoming paramedic		Fentanyl 100 mcg (1)	Ketamine 500 mg (1)	Midazolam 10mg (1)	Morphine 10mg (0)	Diazepam 10 mg (0)	Last 4 of tag	Changes logged (X)
Ex	Signature	PM license #	Signature	PM License #	1	1	1	0	0	1234	
30											
31											

SUPPLEMENTAL LOG

Instructions: 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.

Paramedio	c #1	Paramedic #2		Medication	Reason for exchange	New Tag #: Last 4	PCR #
Signature	PM license #	Signature PM License #				1234	
R. Manthy	060112032	T. Hayes	123456789	Ketamine	Given	5678	
	Signature		Signature PM license # Signature	Signature PM license # Signature PM License #	Signature PM license # Signature PM License #	Paramedic #1 Paramedic #2 Medication for exchange Signature PM license # Signature PM License #	Signature PM license # Signature PM License # 1234

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.

Signature: Provider EMS Coordinator	Date	Signature Hospital EMSC/educator	Date