

CONTROLLED DRUG CHECK SHEET

Month:								Year:													Company:										
DRUG	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morphine 10 mg - 07:00																															
Morphine 10 mg - 19:00																															
Fentanyl - 07:00																															
Fentanyl - 19:00																															
Versed 5 mg - 07:00																															
Versed 5 mg - 19:00																															
Medeco Keys																															
Shift																															
FF- Paramedic or Co. Officer 0700-1900 Employee ID and Initials																															
FF- Paramedic or Co. Officer 1900-0700 Employee ID and Initials																															

At each personnel change the off-going and on-coming Fire Fighter Paramedic **or** Company Officer **will** visually check the controlled drugs. They **will** write the drug quantity and their initials in the appropriate block on the Controlled Drug Check Sheet. Personnel assigned for 24 hours should write quantity, employee ID #, and initial **both** blocks. If the apparatus is BLS the Company Officer is responsible for checking the narcotic inventory. After completing the entry for the last day of the month, send the Controlled Drug Check Sheet in with the company's monthly report. The Controlled Drug Check Sheet will be the responsibility of the Fire Fighter Paramedic and the Company Officer.

Fire Fighter Paramedic

Company Officer