

CONTROLLED DRUG CHECK SHEET

Month:								Year:												Company:											
DRUG COUNT	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 10mg 0700																															
Morphine 10mg 1900																															
Valium 10mg 0700																															
Valium 10mg 1900																															
Versed 5 mg 0700																															
Versed 5 mg 1900																															
Medeco Keys																															
Shift																															
FF-Paramedic / Company Officer 07:00 19:00 Employee ID # and Initials																															
FF- Paramedic / Company Officer 19:00- 07:00 Employee ID # and Initials																															

Revised 11/12/2009

At each personnel change the off-going and on-coming Fire Fighter Paramedic **or** Company Officer **will** 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