



East Central Illinois EMS

Controlled Substance Monthly Inventory Log

Provider Agency: _____ **Unit Number:** _____

Date: _____ **Time:** _____

Inspector's Name & Title: _____

Inspector's Signature: _____ *Supervisor*

Witness Signature: _____ *Advanced Provider*

Drug	Par	Current Inventory	Earliest Expiration Date
Fentanyl 100 mcg/2 ml	4		
Morphine 2 mg/ml syringe	2		
Morphine 10 mg/ml syringe	2		
Midazolam 5 mg/5 ml vial	4		
Midazolam 10 mg/2 ml syringe	1		
Ketamine 500 mg/10 ml	1		

Verify the following items	YES	NO
1. Controlled substances are adequately locked and secured		
2. Expiration dates were verified. Indicate any expired medications: _____		
3. Controlled substance physical inventory count matches documentation		
4. All forms are complete and legible. (<i>Admin log and Daily security log</i>)		
Other Findings:		
Actions Taken/Comments:		
Old tag#: _____ New tag#: _____		

*Submit this form as well as **Controlled Substance Daily Security Logs**, completed **Controlled Substance Daily Administration Logs** and applicable Patient Care Report (PCR)/EMS Short Form for the month to the East Central Illinois EMS Office.*