# ILS Controlled Substance Monthly Inventory Log

**Provider Agency:** ________________  **Unit Number:** ________________  
**Date:** ________________  **Time:** ________________  

**Inspector’s Name & Title:** ____________________________  
**Inspector’s Signature:** ____________________________  
**Witness Signature:** ____________________________

<table>
<thead>
<tr>
<th>Drug</th>
<th>Par</th>
<th>Current Inventory</th>
<th>Earliest Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl 100 mcg/2 ml</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine 2 mg/ml syringe</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine 10 mg/ml syringe</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midazolam 5 mg/5 ml vial</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midazolam 10 mg/2 ml syringe</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Verify the following items

1. Controlled substances are adequately locked and secured  
   **YES**  
   **NO**  

2. Expiration dates were verified.  
   Indicate any expired medications: ____________________________  
   **YES**  
   **NO**  

3. Controlled substance physical inventory count matches documentation  
   **YES**  
   **NO**  

4. All forms are complete and legible. *(Admin log and Daily security log)*  
   **YES**  
   **NO**  

**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.*