



CONTROLLED SUBSTANCE TRACKING/USAGE LOG

UNIT ID _____ MONTH _____ YEAR _____

Date Received	Med Type (Circle)	Serial Number	Lot#	Date Used	Inc # or reason	AMT Used/ Trans	AMT Wasted	Paramedic Name (Print)	Witness Name (Print)
			Expiration Date					Signature	Signature
	F M V N								
	F M V N								
	F M V N								
	F M V N								
	F M V N								
	F M V N								
	F M V N								
	F M V N								
	F M V N								