



**SAN MATEO COUNTY EMS**  
**CONTROLLED SUBSTANCE ADMINISTRATION**  
**and RE-SUPPLY FORM (2018)**



MEDICATION:  Fentanyl  Versed

Administered  Expired (Date)  NOT Intact/Broken

**ADMINISTRATION OF CONTROLLED SUBSTANCE** \*all info in this section is required

UNIT #: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ INCIDENT #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ CHIEF COMPLAINT: \_\_\_\_\_

AMT. ADMIN: \_\_\_\_\_mg/mcg AMT. WASTED: \_\_\_\_\_mg/mcg Serial # \_\_\_\_\_

**PARAMEDIC ADMINISTERING CONTROLLED SUBSTANCE**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ID#: \_\_\_\_\_

**PARAMEDIC OR NURSE WITNESS CONTROLLED SUBSTANCE DISPOSAL**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ID #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**RE-SUPPLY OF CONTROLLED SUBSTANCES**

**PERSON RECEIVING CONTROLLED SUBSTANCE**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ID #: \_\_\_\_\_

**MANAGER RESTOCKING CONTROLLED SUBSTANCES**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ID #: \_\_\_\_\_

RESTOCK DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESTOCK SITE: \_\_\_\_\_

RESTOCK TIME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

EMS Agency/Supervisor  
 Comments