Morris Hospital EMS System- Controlled Substance Proof of Use Log- ALS Ambulance																								
Month:					Year:						Agnec											Vehicle ID#		
	Date	Given	Waste		(4) (total	400mcg) Exp Date		Waste				Midazo Given (mg)	Waste			Exp		Waste		(2) (total	Exp Date	Incident #	Medic Signature	RN Waste or Restocking Signature
Initial Count				i									Ī	ı				1						
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								
Med. Admin																								
Hospital Name																								