



**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

**EMS FORM**

**904**

Effective:

**April 2023**

Approval: EMS Director  
**Travis Kusman, MPH**

Signed: *[Signature]*

Approval: EMS Medical Director  
**Greg Gilbert, MD**

Signed: *[Signature]*

**CONTROLLED SUBSTANCE ADMINISTRATION AND RESTOCK FORM**

Medication: Fentanyl Midazolam	Administered	Expired	Damaged
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**ADMINISTRATION OF CONTROLLED SUBSTANCE (complete in entirety)**

ALS Unit #: \_\_\_\_\_ Date: \_\_\_\_\_ Incident #: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_  
 Amt. Admin: mg/mcg      Amt. Wasted: mg/mcg      Serial #: \_\_\_\_\_

**PARAMEDIC ADMINISTERING CONTROLLED SUBSTANCE**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Signature: \_\_\_\_\_

**MEDICAL PERSONNEL WITNESSING WASTE OF CONTROLLED SUBSTANCE**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**PARAMEDIC RECEIVING CONTROLLED SUBSTANCES**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Signature: \_\_\_\_\_

**EMS SUPERVISOR OR DESIGNEE RESTOCKING CONTROLLED SUBSTANCE**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Signature: \_\_\_\_\_

Restock Date: \_\_\_\_\_ Restock Site: \_\_\_\_\_ Restock Time: \_\_\_\_\_

Medication Restocked: Fentanyl      Quantity: mg/mcg  
 Midazolam      Quantity: mg/mcg

Comments: \_\_\_\_\_