CONTROLLED SUBSTANCE ADMINISTRATION AND RESTOCK FORM

<table>
<thead>
<tr>
<th>Medication</th>
<th>Fentanyl</th>
<th>Midazolam</th>
<th>Suboxone</th>
<th>Administered</th>
<th>Expired</th>
<th>Damaged</th>
</tr>
</thead>
</table>

** 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 RE STOCKING CONTROLLED SUBSTANCE**

Name: ID #: Signature:
Restock Date: Restock Site: Restock Time:
Medication Restocked: Fentanyl Quantity: mg/mcg
Midazolam Quantity: mg/mcg
Comments: