

## ALS MONTHLY SUMMARY REPORT FOR CONTROLLED SUBSTANCE ADMINISTRATION

ALS Agency: \_\_\_\_\_

MONTH: JAN FEB MAR APR MAY JUNE JULY AUG SEP OCT NOV DEC YEAR \_\_\_\_\_  
(CIRCLE ONE)

<b>MORPHINE</b> 10 MG/1 ML	BEGINING BALANCE	AMOUNT RESTOCKED	ENDING BALANCE	AMOUNT USED	AMOUNT WASTED	PATIENTS TREATED
ALS UNIT #	(# VIALS)	(# VIALS)	(# VIALS)	(# MG'S)	(# MG'S)	(# PATIENTS)
<b>TOTALS</b>						

<b>DIAZEPAM</b> 10 MG/2ML	BEGINING BALANCE	AMOUNT RESTOCKED	ENDING BALANCE	AMOUNT USED	AMOUNT WASTED	PATIENTS TREATED
ALS UNIT #	(# VIALS)	(# VIALS)	(# VIALS)	(# MG'S)	(# MG'S)	(# PATIENTS)
<b>TOTALS</b>						

**ATTACH ALL CONTROLLED SUBSTANCE ADMINISTRATION AND WASTE RECORDS  
WITH CORREALATING PCR IF ADMINISTERED TO PATIENT**

REPORT COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

MAIL REPORTS BY THE 10<sup>TH</sup> OF EACH MONTH TO: Office of Prehospital Care  
Cara Burton  
462 Grider Street  
Buffalo, NY 14215

**\*\*Faxes will no longer be accepted. You must also submit to ECMC Pharmacy.**