

## Controlled Substance Administration & Waste Record

### AEMT TO COMPLETE:

Name of ALS agency	NYS EMS Agency Code	Unit Number	Controlled Substance	Initial Vial Dose ____ mg ____ ml
Substock Location (VIN & Vehicle ID)			CDAR Tracking Number or Lot Number	

Date	Run Number	PCR Number	Patient's Name		
AEMT Name (print)		AEMT Signature		AEMT's Certification #	
Receiving Facility		Receiving Facility's Patient ID #	Patient's Chief Complaint & Presenting Problem		
Ordering Physician (print)		Medical Command Facility	Medical Command Record Number		

Time of Administration	Dose/Quantity administered ____ mg ____ ml	Balance of C. S. after administration ____ mg ____ ml	Route of administration
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### *CONTROLLED SUBSTANCE WASTE VERIFICATION*

Date	Time	Quantity Destroyed ____ mg ____ ml	Administering AEMT (signature)	Witness (signature)
				Witness (print)

### MEDICAL CONTROL PHYSICIAN TO COMPLETE:

Ordering physician's signature (or ALS agency medical director's signature for standing orders)
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### NOTE:

One *Controlled Substance Administration & Waste Record* must be completed for each patient to whom a controlled substance has been administered. **This *Controlled Substance Administration & Waste Record* must be faxed or hand delivered to the medical control location/medical control physician immediately after completion of the run in accordance with N.Y. Pub. Health Law Sec. 80.136 (h)(2) (Consol. 1997).** The ALS agency and the medical control location/medical control physician shall maintain this *Controlled Substance Administration & Waste Record* on file in accordance with N.Y. Pub. Health Law Sec. 80.136 (i)(6)(j) (Consol. 1997).

