

**CONTROLLED SUBSTANCE AUDIT SHEET
XYZ VOLUNTEER FIRE COMPANY**

Year _____ Month _____ ALS Unit _____

Week 1 **Date:** _____

| Substance | Quantity | Tamper tape seal number | AEMT Name (print) | AEMT Signature |
|---------------------------|----------|-------------------------|-------------------|----------------|
| Morphine 10mg/1ml vial | | | | |
| Valium 10mg/2ml vial | | | | |

Week 2 **Date:** _____

| Substance | Quantity | Tamper tape seal number | AEMT Name (print) | AEMT Signature |
|---------------------------|----------|-------------------------|-------------------|----------------|
| Morphine 10mg/1ml vial | | | | |
| Valium 10mg/2ml vial | | | | |

Week 3 **Date:** _____

| Substance | Quantity | Tamper tape seal number | AEMT Name (print) | AEMT Signature |
|---------------------------|----------|-------------------------|-------------------|----------------|
| Morphine 10mg/1ml vial | | | | |
| Valium 10mg/2ml vial | | | | |

Week 4 **Date:** _____

| Substance | Quantity | Tamper tape seal number | AEMT Name (print) | AEMT Signature |
|---------------------------|----------|-------------------------|-------------------|----------------|
| Morphine 10mg/1ml vial | | | | |
| Valium 10mg/2ml vial | | | | |

Week 5 **Date:** _____

| Substance | Quantity | Tamper tape seal number | AEMT Name (print) | AEMT Signature |
|---------------------------|----------|-------------------------|-------------------|----------------|
| Morphine 10mg/1ml vial | | | | |
| Valium 10mg/2ml vial | | | | |