Arcadia Fire Department

SUBJECT: **DAILY CONTROLLED DRUG AND KEY INVENTORY FORM** REFERENCE NO. 702.2

Provider Agency: _____ Unit_____ Color :_____ YEAR:_____

DATE	TIME	MIDAZOLAM 5 mg/1ml maximum 8 unit dose				Fentanyl 100mcg/2ml maximum 15 unit dose				SEQUENCE #	SIGNATURE RELINQUISHING PERSONNEL	SIGNATURE RECEIVING PERSONNEL
		Start	Out (-)	In (+)	Total	Start	Out (-)	In (+)	Total			