SACRED MOUNTAIN MEDICAL SERVICE

CONTROLLED SUBSTANCE ACCESS LOG SHEET

Description: _____

Date	Seal Number	Comments and/or Incident Number	Medication Taken/Added	Controlled Substances **New Qty**	New Seal Number	Medic Signature/Emp # Witness Signature/Emp #
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		
				Morph. _____ Valium _____ Versed _____ Fentanyl _____		