CCEMS Narcotic Daily Inventory

Base Location_____

Month_____ Year_____

Note: Signature verify counts and inspection for stock inventories and replacement

Date	Time	Narcotic Safe Count					RECEIVED SHIPMENT	Ativan Snaplock #	Offgoing Crew Signatures NO INITIALS	Ongoing Crew Signatures NO INITIALS	Truck Replacement							Crew Receiving drug (REPLACEMENT ONLY)NO INTIALS	Station 2 Key Holders (REPLACEMENT ONLY)NO INITIALS
		Ativan	Fentynal	Ketamine	Morphine	Versed	Drug Received & Received by (print name legibly)				Ativan Used/ Wasted	Fentynal Used/ Wasted	Ketamine Used / Wasted	Morphine Used/ Wasted	Versed Used/ Wasted	Veh #	Run #		