

Controlled Substances Usage Verification

Name Controlled Substance

Submitted to (Hospital/Pharmacy)

Date

Beginning Inventory mg.

Date	Run ID/Number	PCR or Tracking Number if applicable	Amount Administered or Destroyed
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
			mg.
Total Quantity Administered to Patients			
Total Quantity Wasted or Destroyed			

Ending Inventory Balance mg.

Agency Name NYS EMS Agency Code NYS CS License No.

Print Name of Agent Print Signature of Agent Date