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# BALTIMORE COUNTY FIRE DEPARTMENT

Monthly Controlled Substance Accountability Form  
Career and Volunteer ALS Units

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Month of \_\_\_\_\_ 200\_

This form will be sent in monthly to the Fire Department's Medical Director's Office (c/o EMS Office) to attest to the accountability and quantity of the Schedule II and III medications carried by each ALS unit. Initials of the inspecting officer will be placed next to each unit (identified below), that is housed at the station carrying these Schedule II and II medications. This form is due in the EMS Office, before the 8<sup>th</sup> of the following month.

Unit# \_\_\_\_\_ inspecting officer's signature \_\_\_\_\_

Unit# \_\_\_\_\_ inspecting officer's signature \_\_\_\_\_

Unit# \_\_\_\_\_ inspecting officer's signature \_\_\_\_\_

Company name/number \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ attest that all Schedule II and III medications  
(printed name)  
(Morphine and Valium) are accounted for during the month of \_\_\_\_\_.

Signed by Company Officer \_\_\_\_\_ Date \_\_\_\_\_  
Rank \_\_\_\_\_ Shift \_\_\_\_\_ (if career)

Form #86  
7/19/02djm

Rec'd: Medical Director
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