Huntington Community First Aid Squad, Inc.
Controlled Substance Use Log

ALS Provider

Print Name: _____

Date: _____

Seal # : _____

PCR #: _____

Name of Substance
And Amount Administered:_____

Destroyed: _____

Lost: _____

ALS Provider
ID #: _____

Signature: _____

Remaining Inventory: _____

New Seal #: _____

Other HCFAS Member

ID #: _____

Print Name: _____

Signature: _____

Nurse: Witness to Amount Destroyed

Print Name : _____

Signature: _____