DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DAILY CONTROLLED DRUG INVENTORY FORM** REFERENCE NO. 702.2

Provider Agency: _____ ALS Unit: _____

DATE	TIME	MIDAZOLAM 5 mg/1 ml Maximum 8 unit doses				MORPHINE SULFATE 4 mg/1 ml Maximum 15 unit doses				FENTANYL 100 mcg/2 ml Maximum 15 unit doses				SIGNATURE/LICENSE # RELINQUISHING PERSONNEL	SIGNATURE/LICENSE # RECEIVING PERSONNEL
		Start	Out (-)	In (+)	Total	Start	Out (-)	In (+)	Total	Start	Out (-)	In (+)	Total		

EFFECTIVE DATE: 08-01-10
REVISED: 04-01-21
SUPERSEDES: 07-01-18