



MONTGOMERY COUNTY

Emergency Medical Services



1608 Haynes Street
Clarksville, TN 37043

Controlled Drug Log Chemical Restraint Box

Permit Number: _____

Month/Year: _____

Please Print Clearly

Day	Tag Number	Removed from Unit	Placed back on Unit	Leaving Personnel	Receiving Personnel
1		<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>		
7		<input type="checkbox"/>	<input type="checkbox"/>		
8		<input type="checkbox"/>	<input type="checkbox"/>		
9		<input type="checkbox"/>	<input type="checkbox"/>		
10		<input type="checkbox"/>	<input type="checkbox"/>		
11		<input type="checkbox"/>	<input type="checkbox"/>		
12		<input type="checkbox"/>	<input type="checkbox"/>		
13		<input type="checkbox"/>	<input type="checkbox"/>		
14		<input type="checkbox"/>	<input type="checkbox"/>		
15		<input type="checkbox"/>	<input type="checkbox"/>		
16		<input type="checkbox"/>	<input type="checkbox"/>		
17		<input type="checkbox"/>	<input type="checkbox"/>		
18		<input type="checkbox"/>	<input type="checkbox"/>		
19		<input type="checkbox"/>	<input type="checkbox"/>		
20		<input type="checkbox"/>	<input type="checkbox"/>		
21		<input type="checkbox"/>	<input type="checkbox"/>		
22		<input type="checkbox"/>	<input type="checkbox"/>		
23		<input type="checkbox"/>	<input type="checkbox"/>		
24		<input type="checkbox"/>	<input type="checkbox"/>		
25		<input type="checkbox"/>	<input type="checkbox"/>		
26		<input type="checkbox"/>	<input type="checkbox"/>		
27		<input type="checkbox"/>	<input type="checkbox"/>		
28		<input type="checkbox"/>	<input type="checkbox"/>		
29		<input type="checkbox"/>	<input type="checkbox"/>		
30		<input type="checkbox"/>	<input type="checkbox"/>		
31		<input type="checkbox"/>	<input type="checkbox"/>		



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Chemical Restraint Box

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Haldol

Lot Number	Exp. Date	Date Used	Replacement Lot #	New Exp Date	New Tag #	Used/Changed By

Valium

Lot Number	Exp. Date	Date Used	Replacement Lot #	New Exp Date	New Tag #	Used/Changed By