Tuolumne County EMS Agency
Controlled Substances Reverse Distribution Form
Form 439.02

Date:_____ Time:_____

Patient Name:_____ Medic Unit:_____

Controlled Substance	Volume & mg/mcg	Total Administered	Total Disposed Of	Unused, Expired or Damaged
Morphine				
Fentanyl				
Midazolam				

Reverse Disposal Facility ☐ Resupply Site ☐

_____ _____ _____
Paramedic Name (Print) Paramedic Signature License #

_____ _____ _____
Witness Name (Print) Witness Signature Lic/Cert Type

_____ _____ _____
Auditor Name (Print) Auditor Signature Date

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