

**ALBUQUERQUE FIRE DEPARTMENT CONTROLLED
SUBSTANCE LOG**

MORPHINE SULFATE
Strength 10 mg/1 ml – 1 ml ampule

Rescue Unit # _____ Month of _____ Year _____

PAGE 1

DAY OF MONTH	Time	Shift on FID and initial	Shift off FID and initial	COMMENTS
1	0800			
1	1800			
2	0800			
2	1800			
3	0800			
3	1800			
4	0800			
4	1800			
5	0800			
5	1800			
6	0800			
6	1800			
7	0800			
7	1800			
8	0800			
8	1800			
9	0800			
9	1800			
10	0800			
10	1800			
11	0800			
11	1800			
12	0800			
12	1800			
13	0800			
13	1800			
14	0800			
14	1800			
15	0800			
15	1800			

**ALBUQUERQUE FIRE DEPARTMENT CONTROLLED
SUBSTANCE LOG**

**MORPHINE SULFATE
PAGE 2**

DAY OF MONTH	Time	Shift on FID and initial	Shift off FID and initial	COMMENTS
16	0800			
16	1800			
17	0800			
17	1800			
18	0800			
18	1800			
19	0800			
19	1800			
20	0800			
20	1800			
21	0800			
21	1800			
22	0800			
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27	0800			
27	1800			
28	0800			
28	1800			
29	0800			
29	1800			
30	0800			
30	1800			
31	0800			
31	1800			