

SCOTTS VALLEY FIRE DISTRICT
CONTROLLED SUBSTANCE DEVIATION RECORD

MINOR DISCREPANCY REPORT

Date ____/____/____

I was assigned to _____(Unit #) on ____/____/____.

A visual inspection was performed and the controlled substance container lock was not broken. The daily log signature was omitted. All controlled substances were inventoried and no deviations were found. Inspections and daily log count have no discrepancies.

Date ____/____/____

Paramedic Signature

Date ____/____/____

Shift Captain

Forward Copies to:

_____ ALS Program Manager

_____ EMSIA QA Manager

_____ EMSIA Medical Director