



# Scarborough Fire Department

## Scarborough, Maine



### Standard Operating Procedures

<b>Book:</b>	<b>Organization</b>
<b>Chapter:</b>	<b>Forms, Records &amp; Reports</b>
<b>Subject:</b>	<b>1583 – Engine Co. Medication Usage Log</b>
<b>Revision Date:</b>	<b>01/04/2010</b>
<b>Approved by:</b>	<i>B. Michael Thurlow</i>

This log is to be used when an ALS provider working on an Engine administers a medication from the OOB medication “sub-kit”. The completed form will be then submitted to the Duty Officer.

Date: \_\_\_\_\_

Apparatus: \_\_\_\_\_

License #: \_\_\_\_\_

Provider’s Name: \_\_\_\_\_

Incident Address: \_\_\_\_\_ PCR # \_\_\_\_\_

Medication Used:	Time:	Reason Used:

Original OOB Medications sub-kit Seal Number: \_\_\_\_\_

Signature of Engine Company ALS Provider:

\_\_\_\_\_