HORRY COUNTY FIRE RESCUE
FENTANYL ACCOUNTABILITY LOG

MEDIC _____ **MONTH _____**

DATE	QTY. ON HAND	OFF GOING SR. MEDIC PRINT NAME	OFF GOING SR. MEDIC SIGNATURE	ON GOING SR. MEDIC PRINT NAME	ON GOING SR. MEDIC SIGNATURE	COMMENTS-ENTER CAD FOR USAGE AND REPLACEMENT, ETC.

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