MEDIC UNIT__________ HORRY COUNTY FIRE/RESCUE MONTH___________

MORPHINE ACCOUNTABILITY LOG

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.

MORPHINE