

**Tidewater Emergency Medical Services Council, Inc.**

**Quarterly Regional Drug and I.V. Box Inventory**

**Agency or Hospital** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Agency/ Location</b>	<b>Unit #</b>	<b>Drug Box #</b>	<b>Exp. Date</b>	<b>I.V. Box #</b>	<b>Exp. Date</b>	<b>MMRS Box #</b>	<b>Temp Color</b>

**Total Drug Boxes** \_\_\_\_\_ **Total IV Boxes** \_\_\_\_\_ **Total MMRS Boxes** \_\_\_\_\_

**Submitted By** \_\_\_\_\_ **Daytime Contact #:** \_\_\_\_\_

[As an option, you may submit this report using an on-line form at [www.tidewaterems.org](http://www.tidewaterems.org)]