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

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

Agency or Hospital	Date
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Agency/ Location	Unit #	Drug Box #	Exp. Date	I.V. Box #	Exp. Date	MMRS Box #	Temp Color

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 <a href="www.tidewaterems.org">www.tidewaterems.org</a>]