

Date:	Time:	Epcr#		Old Seal#	New Seal#
Medic IN:	Int:	OEMS#	Fentanyl	Versed	Ketamine
Medic OUT:	Int:	OEMS#			
Witness:	Int:	Cert#			
Note:			<input type="checkbox"/> Usage <input type="checkbox"/> Accidental <input type="checkbox"/> Audit <input type="checkbox"/> Restock		
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