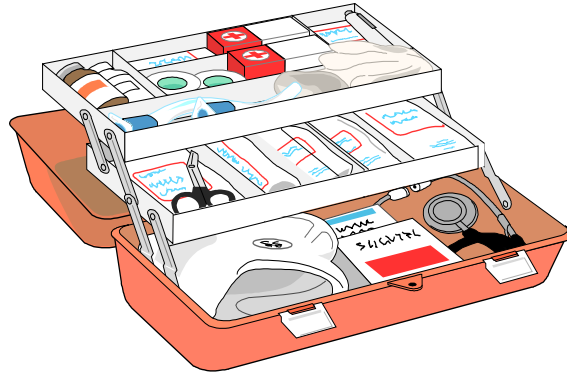




Tri-County Emergency Medical Control Authority

Serving Clinton, Eaton, and Ingham County

DRUG BOX INVENTORY



QUARTER: _____ AGENCY: _____

TCEMCA AGENCIES: Please **EMAIL** to pharmacy@tcemca.org **prior** to taking the drug box to the Pharmacy. Thank you.

(INVENTORY AS OF 8:00 A.M.)

	VEH. #	DRUG BOX #	EXP. DATE		VEH. #	DRUG BOX #	EXP. DATE
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Name of person completing this form _____

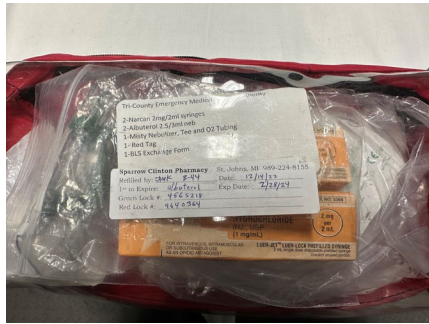
Developed 8/2022 Updated 7/27/2023 Implemented 12/1/2023 Approval BP Form ID F-022



Tri-County Emergency Medical Control Authority

Serving Clinton, Eaton, and Ingham County

TCEMCA BLS KIT INVENTORY



- BLS Kit Contents:**
- 2- Narcan 2mg/ 2ml syringe
 - 2- Albuterol 2.5/3ml neb
 - 1- Misty Nebulizer, Tee, and O2 Tubing
 - 2- Red Tag
 - 1- BLS Exchange Form

QUARTER: _____ AGENCY: _____

TCEMCA AGENCIES: Please **EMAIL** completed forms to pharmacy@tcemca.org. Thank you!

INVENTORY DUE WITHIN 24 HOURS

	VEH. #	BAG #	EXP DATE		VEH. #	BAG #	EXP DATE
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Name of person completing this form _____

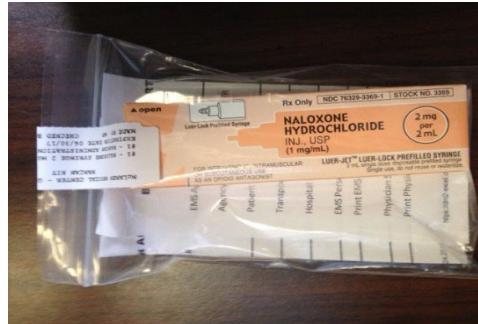
Developed	5/2020	Updated	7/31/2023	Implemented	12/1/2023	Approval	BP	Form ID	F-017
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Tri-County Emergency Medical Control Authority

Serving Clinton, Eaton, and Ingham County

TCEMCA NARCAN KIT INVENTORY



QUARTER: _____ AGENCY: _____

TCEMCA AGENCIES: Please **EMAIL** completed forms to pharmacy@tcemca.org. Thank you!

(INVENTORY DUE WITHIN 24 HOURS)

	VEH. #	EXP. DATE		VEH. #	EXP. DATE
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Name of person completing this form: _____

Developed	10/2025	Updated	7/24/2023	Implemented	12/1/2023	Approval	BP	Form ID	F-018
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Tri-County Emergency Medical Control Authority

Serving Clinton, Eaton, and Ingham County

TCEMCA EPI INVENTORY



QUARTER: _____ AGENCY: _____

TCEMCA AGENCIES: Please **EMAIL** completed forms to pharmacy@tcmca.org. Thank you.

(INVENTORY DUE WITHIN 24 HOURS)

	Epinephrine Type (Pen Type or Draw Up)	VEH. #	EXP. DATE		Epinephrine Type (Pen Type or Draw Up)	VEH. #	EXP DATE
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Name of person completing this form _____

Developed 1/2003 Updated 7/31/2023 Implemented 12/1/2023 Approval BP Form ID F-019