



CHEMPACK CONTROLLED SUBSTANCE TRANSFER FORM

INSTRUCTIONS:

The delivery agent should verify the type of diazepam, the amount to be transferred, sign for custody, part A below, and transfer the diazepam to the designated location(s). **Multi-dose packages must be physically received by a staff physician and/or a pharmacist.** Auto-injectors should be delivered and physically received by the () at the emergency scene.

RECEIPT OF DIAZEPAM

The following controlled substances have been removed from _____	
For delivery to _____	
Multi-dose Vials-Diazepam 5mg/ml 10 ml vials (25 per box) # boxes	_____
Auto-injector-Diazepam 5mg/ml auto-injector (150 per box)	_____
Facility Pharmacist Name _____	Signature _____
Delivery Agent Name & Shield # _____	Signature _____
Date _____	Time _____

DELIVERY OF DIAZEPAM-LOCATION #1

The following controlled substances have been removed from _____	
For delivery to _____	
Multi-dose Vials-Diazepam 5mg/ml 10 ml vials (25 per box) # boxes	_____
Auto-injector-Diazepam 5mg/ml auto-injector (150 per box)	_____
Facility Pharmacist Name _____	Signature _____
Delivery Agent Name & Shield # _____	Signature _____
Date _____	Time _____

DELIVERY OF DIAZEPAM-LOCATION #2

The following controlled substances have been removed from _____	
For delivery to _____	
Multi-dose Vials-Diazepam 5mg/ml 10 ml vials (25 per box) # boxes	_____
Auto-injector-Diazepam 5mg/ml auto-injector (150 per box)	_____
Facility Pharmacist Name _____	Signature _____
Delivery Agent Name & Shield # _____	Signature _____
Date _____	Time _____