| Year |                 |           | Seneca County EMS Medic Bag Tag Sheet | Unit Number |          |             |
|------|-----------------|-----------|---------------------------------------|-------------|----------|-------------|
| Date | Dispatch Number | Old Tag # | Drug used or Reason opened            | New Tag #   | Initials | Daily check |
|      |                 |           |                                       |             |          |             |
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Form verified by: \_\_\_\_\_

Page \_\_\_\_ OF \_\_\_\_