

Make copies as needed

**EPINEPHRINE AUTO-INJECTOR PEN
RECONCILIATION FORM**

Vehicle Number _____ Service _____

Quantity	Dosage and Description	Exp. Date	Visual	Month Inspected	Inspected By
1	0.3mg/0.3 mo of 1:1000 Solution for adult use				
1	0.3mg/0.3 mo of 1:1000 Solution for adult use				
1	0.15 mg/0.3 ml of 1:2000 Solution for pediatric use				
1	0.15 mg/0.3 ml of 1:2000 Solution for pediatric use				
				Month Inspected	
1	0.3mg/0.3 mo of 1:1000 Solution for adult use				
1	0.3mg/0.3 mo of 1:1000 Solution for adult use				
1	0.15 mg/0.3 ml of 1:2000 Solution for pediatric use				
1	0.15 mg/0.3 ml of 1:2000 Solution for pediatric use				
				Month Inspected	
1	0.3mg/0.3 mo of 1:1000 Solution for adult use				
1	0.3mg/0.3 mo of 1:1000 Solution for adult use				
1	0.15 mg/0.3 ml of 1:2000 Solution for pediatric use				
1	0.15 mg/0.3 ml of 1:2000 Solution for pediatric use				
				Month Inspected	
1	0.3mg/0.3 mo of 1:1000 Solution for adult use				
1	0.3mg/0.3 mo of 1:1000 Solution for adult use				
1	0.15 mg/0.3 ml of 1:2000 Solution for pediatric use				
1	0.15 mg/0.3 ml of 1:2000 Solution for pediatric use				

Service should have a maximum of 2 adult and 2 pediatric Epinephrine Auto-Injectors on each licensed BLS ambulance or recognized QRS vehicle.