

To: _____
From: _____
Subject: Narcotic Cyberlock Key Inquiry
Date: _____

The information below will assist the East Lake EMS Coordinator to investigate whether or not there were any inappropriate actions with any component of the Narcotics cyberlock system.

Date of Report: _____ Date of Incident: _____

Unit# _____ E56
_____ S57
_____ E58

Paramedic _____ Off Going Name: _____
_____ In Coming Name: _____

Report _____ "Authorized to open" but no "Removed from lock"
_____ "Authorized to open" and "Removed from lock" time <4 minutes
_____ No "Authorization to open" recorded
_____ Excessive "Removed from lock" time >10 minutes
_____ Key not synchronized with EPCR tablet
_____ "Authorized to open" and "Removed from lock" without explanation
_____ Other

Please provide an explanation for the Audit Report finding:

Signature

Date

Employee Number