EMERGENCY MEDICAL SERVICE RADIO CONTROL REGISTER

UNIT	DATE

RADIO UNIT AND SERIAL NUMBERS

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

RADIO ISSUES AND TURN-INS

Radio Number	Issued (Date & Time)	Issued by (Printed Name & Signature)	Issued to (Printed Name & Signature)	Turned in (Date & Time)	Received by (Printed Name & Signature)

Radio Number	Issued (Date & Time)	Issued by (Printed Name & Signature)	Issued to (Printed Name & Signature)	Turned in (Date & Time)	Received by (Printed Name & Signature)