



CENTRAL DUPAGE HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

25 N. WINFIELD ROAD
WINFIELD, IL 60190

PHONE: 630.933.6910
EMAIL: CDHEMS@NM.ORG

WEB: WWW.CDHEMS.COM

CHAIN OF CUSTODY TRACKING FORM

THE FOLLOWING FORM WILL BE UTILIZED TO DOCUMENT AND TRACK THE CHAIN OF CUSTODY FOR PATIENT BELONGINGS AND VALUABLES AS WELL AS FIREARMS, WEAPONS, AND ANY OTHER ITEM DEEMED APPROPRIATE FOR CUSTODY TRACKING. PRINTED NAMES AND SIGNATURES / INITIALS ARE REQUIRED ON PAGE 2 OF THIS FORM.

EMS PROVIDER _____ DATE CUSTODY FORM INITIATED: ____/____/____
AGENCY: _____

VEHICLE _____ EMS _____ NAME OF PERSONNEL _____
NUMBER / ID: _____ REPORT #: _____ INITIATING FORM: _____

PATIENT NAME: _____ PATIENT DATE OF BIRTH: ____/____/____

REASON ITEMS TAKEN INTO CUSTODY: _____
 MEDICAL CONDITION NECESSITATED _____
 PATIENT REQUEST _____
 LAW ENFORCEMENT REQUEST _____
 SYSTEM POLICY REQUIREMENT _____
 CREW / PATIENT SAFETY _____
 OTHER (SPECIFY): _____

DESCRIPTION OF ITEMS (CONTINUED ON NEXT PAGE)		
ITEM #:	QUANTITY:	DESCRIPTION:
01		
02		
03		
04		
05		

CHAIN OF CUSTODY (CONTINUED ON NEXT PAGE)				
DATE	TIME	RELEASED BY	RECEIVED BY	REASON FOR CHANGE / COMMENTS
____/____/____	_____ HRS			
____/____/____	_____ HRS			
____/____/____	_____ HRS			
____/____/____	_____ HRS			
____/____/____	_____ HRS			
____/____/____	_____ HRS			
____/____/____	_____ HRS			
____/____/____	_____ HRS			
____/____/____	_____ HRS			
____/____/____	_____ HRS			

CHAIN OF CUSTODY TRACKING FORM



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DESCRIPTION OF ITEMS, CONTINUED		
ITEM #:	QUANTITY:	DESCRIPTION:
06		
07		
08		
09		
10		

CHAIN OF CUSTODY, CONTINUED				
DATE	TIME	RELEASED BY	RECEIVED BY	REASON FOR CHANGE / COMMENTS
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			
___/___/___	_____ HRS			

ALL PERSONNEL SIGNING THIS FORM MUST FILL INFORMATION BELOW:					
PRINTED NAME:		SIGNATURE / INITIALS:		TITLE / AGENCY:	
PRINTED NAME:		SIGNATURE / INITIALS:		TITLE / AGENCY:	
PRINTED NAME:		SIGNATURE / INITIALS:		TITLE / AGENCY:	
PRINTED NAME:		SIGNATURE / INITIALS:		TITLE / AGENCY:	
PRINTED NAME:		SIGNATURE / INITIALS:		TITLE / AGENCY:	