UNIVERSITY MEDICAL CENTER

UMC EMS

NARCOTIC LOSS REPORT

Ambulance # _____ Date of Request: _____

Name of narcotic lost: _____

Number of narcotic units lost: _____

Date that loss occurred: _____

Time and Shift loss occurred: _____

Explanation of narcotic loss and circumstances: _____

_____

_____

_____

Individuals having access to the narcotic stock:

_____ _____

_____ _____

Signed_____

Paramedic responsible at that time

Signed_____

EMS Supervisor

Signed_____

Director of Pharmacy

Original – Pharmacy Copy - EMS