

Controlled Substance Report for Emergency Medical Services Agencies

- This report must be submitted pursuant to PHL Article 33 and 10NYCRR Part 80 within 30 days following end of each required reporting period.
- Complete a separate report for each controlled substance carried
- Retain a copy of this report for a minimum of 5-years

Reporting Period

All Controlled Substances (Semi-Annual)

January 1 - June 30, 20 _____

July 1 - December 31, 20 _____

Fentanyl and Ketamine (Quarterly)

January 1 - March 31, 20 _____

April 1 - June 30, 20 _____

July 1 - September 30, 20 _____

October 1 - December 31, 20 _____

Controlled Substance Information

Name _____

Dosage Supplied (mg/ml or mcg/ml) _____

How Supplied (ampule, vial, syringe, etc.) _____

Agency Information

Name _____ NYS Agency Code _____ NYS CS License No. _____ Business Phone _____

Address _____ City _____ State _____ Zip _____ County _____

Inventory Record

Total Quantity at Start of Reporting Period	Stock: _____ Sub-Stock: _____ Total of Above: _____
Total Quantity Received Through DEA Registrant	
Total Quantity Administered and Wasted	
Total Quantity Returned to Pharmacy or Reverse Distributor	
Total Quantity Lost (attach copy of DOH-2094)	
Total Quantity Accounted from Records (stocks and sub-stocks) Paper Tally	
Physical Inventory Count (stocks and sub-stocks) Physical Tally	

Response/Transport History

Total Number of EMS Responses and Transports this Period	Responses	Transports
Total Number of Patients Receiving this CS Medication	Adult	Pediatric
Number of Quality Assurance Reviews Conducted by the Service Medical Director*	Adult	Pediatric
Number of Adverse Reactions to Administration	Adult	Pediatric
Total Number of EMS Providers Authorized to Administer CS Medications	EMT-P	EMT-CC
Quantity Carried in Each Sub-Stock		

*** 100% Agency Medical Director Review Required for Fentanyl and Ketamine Administrations
 Do NOT Attach PCRs to this Form**

