

Ketamine Quarterly Report

For Emergency Medical Services Agencies

This report must be submitted pursuant to PHL Article 33.
Retain a copy of this Quarterly report for your records for
a minimum of 5 years.

Quarterly Reporting Period

Quarter 1 From _____ to _____
Quarter 2 From _____ to _____
Quarter 3 From _____ to _____
Quarter 4 From _____ to _____

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

Address _____ City _____ State _____ Zip _____ County _____

Ketamine		Response/Transport History	
Total Quantity at Start of Quarter	Stock: _____ Substock: _____ Total of above: _____	Total Number of EMS Response / Transports this Quarter	
Total Quantity Received Through DEA Registrant		Total Number of Patients Receiving Ketamine this Quarter	
Total Quantity Administered		Number of Ketamine Administrations pursuant to Direct Medical Control	
Total Quantity Wasted		Number of Quality Assurance Reviews Conducted by the Service Medical Director	
Total Quantity Lost (Attach copy of DOH-2094)		Number of Adverse Reactions to Ketamine Administration	
Total Quantity Remaining at End of Quarter		Total Number of EMS Responders Authorized to Administer	EMT-P _____

I certify that on _____ I conducted an actual physical inventory of the controlled substances listed above. Losses have been reported on a "Loss of Controlled Substances Report" DOH-2094 and have been submitted to BNE and a copy of the form has been enclosed. Overages are explained on a separate attached report.

I affirm that this is a true and accurate record of the controlled substance utilization by the above named agency.

Name of Agent Print _____ Signature of Agent _____ Date _____

Name of CEO Print _____ Signature of CEO _____ Date _____

Send completed report to:

New York State Department of Health
Bureau of Emergency Medical Services and Trauma Systems
875 Central Avenue
Albany, NY 12206

Telephone 518-402-0996