

**NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services & Trauma
Systems Bureau of Narcotics Enforcement**

**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 the 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

Name of Controlled Substance: _____

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

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

Reporting Period
All Controlled Substances (Semi-Annual)
<input type="checkbox"/> January 1 - June 30, 20_____
<input type="checkbox"/> July 1 - December 31, 20_____
Fentanyl & Ketamine (Quarterly)
<input type="checkbox"/> January 1 - March 31, 20_____
<input type="checkbox"/> April 1 - June 30, 20_____
<input type="checkbox"/> July 1 - September 30, 20_____
<input type="checkbox"/> October 1 - December 31, 20_____

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

Address _____ City _____ State _____ Zip _____ County _____

Inventory Record		Response/Transport History		
Total Quantity at Start of Reporting Period	Stock: _____ Sub-Stock: _____ Total of Above: _____	Total Number of EMS Responses and Transports this Period	Responses: _____ Transports: _____	
Total Quantity Received Through DEA Registrant		Total Number of Patients Receiving this CS Medication	Adult	Pediatric
Total Quantity Administered and Wasted		Number of Quality Assurance Reviews Conducted by the Service Medical Director*	Adult	Pediatric
Total Quantity Returned to Pharmacy or Reverse Distributor		Number of Adverse Reactions to Administration	Adult	Pediatric
Total Quantity Lost (attach copy of DOH-2094)		Total Number of EMS Providers Authorized to Administer CS Medications	EMT-P: _____ EMT-CC: _____	
Total Quantity Accounted from Records (stocks and sub-stocks) <u>Paper Tally</u>		Quantity Carried in Each Sub-Stock		
Physical Inventory Count (stocks and sub-stocks) <u>Physical Tally</u>				

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

Attach:

- Any Unusual Incident Reports Involving Controlled Substance Medications and/or Loss Reports (DOH Form-2094)
- Any Reports or Findings of Significant Increases or Decreases in CS Medication Administrations

Comments (attach additional pages as needed): _____

Any Experienced Shortages of this CS Medication? (if yes, describe): _____

I, _____ (name of CS Agent), certify that on _____ (date), I conducted an actual physical inventory of the controlled substance recorded on this document. Losses have been reported on a "Loss of Controlled Substance 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 agency.

_____ Name of Agent (print)	_____ Signature of Agent	_____ Date
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_____ Name of CEO (print)	_____ Signature of CEO	_____ Date
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_____ Name of Medical Director (print)	_____ Signature of Medical Director	_____ Date
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Send Completed Report to:
New York State Department of Health
Bureau of Emergency Medical Services & Trauma Systems
875 Central Avenue
Albany, New York 12206