

**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