



Central Shenandoah EMS Council

Drug Box Incident Report

Instructions:

EMS Agency – Complete the report and leave in the drug box. **Forward a copy of the form to the Central Shenandoah EMS Council.** *Pharmacy/E.D. Staff* – Submit report to the Central Shenandoah EMS Council. Forms may be faxed to (540) 886-3735 or mailed to 2312 W. Beverley St., Staunton, VA 24401.

_____ Date

Drug Box Information

Contact Information

Shock Trauma Box # _____ Cardiac Tech Box # _____

_____ Name

_____ Hospital packed by (on box label)

_____ Agency/Department

_____ Initials (on box label)

_____ Daytime Telephone Number

_____ E-mail Address

Do you desire follow-up contact from CSEMS regarding the incident? Yes No (Check One)

Description of Incident

(Do not write below this line)

Investigation Results (To be completed by the person investigating the incident)

_____ Investigator's Name

_____ Agency/Department

_____ Date Investigated

Central Shenandoah EMS Council Tracking (To be completed by CSEMS Council staff)

_____ Received Date

_____ Follow-up Date

_____ Name of CSEMS Council Staff conducting follow-up

Comments: _____
