1. Provider Agency: ___________________________ Unit number: ______

2. The following drug(s) and quantities are being reported as missing:

<table>
<thead>
<tr>
<th>Drug</th>
<th># of syringes or equivalent</th>
<th>Strength</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl</td>
<td></td>
<td>mcg</td>
<td></td>
</tr>
<tr>
<td>Midazolam</td>
<td></td>
<td>mg</td>
<td></td>
</tr>
<tr>
<td>Morphine Sulfate</td>
<td></td>
<td>mg</td>
<td></td>
</tr>
</tbody>
</table>

3. Date and time narcotic loss was discovered: ___/___/____ @ ___:___

4. Date and time reported to the medical director: ___/___/____ @ ___:___

5. Date and time reported to the paramedic coordinator, or designee: ___/___/____ @ ___:___

6. Date and time reported to the EMS Agency: ___/___/____ @ ___:___

7. Print name and title of individual(s) who discovered the narcotic loss:

_____________________________________________________________________

_____________________________________________________________________

8. Print name and title of individual(s) who last completed the Daily Controlled Drug Inventory:

_____________________________________________________________________

_____________________________________________________________________

9. If missing, provide a detailed description of the incident (attach additional pages as needed):

_____________________________________________________________________

_____________________________________________________________________

10. Date and time missing controlled drug reported to the local police department:

    ___/___/____ @ ___:___  Police report number: __________________

11. Print name/title of person completing this form: _____________________________

    Signature: _____________________________ Date completed: ___/___/____

12. Paramedic Coordinator’s Signature: _______________________________________

13. EMS Agency Representative Signature: ________________________________