

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **LOST / MISSING CONTROLLED DRUG
REPORTING FORM**

REFERENCE NO. 702.3

1. Provider Agency: _____ Unit number: _____

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

Drug	# of syringes or equivalent	Strength	Total
Fentanyl			mcg
Midazolam			mg
Morphine Sulfate			mg

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: _____