

**TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**PREHOSPITAL DRUG AND IV INCIDENT REPORT**

**Incident Description**

NAME/TITLE OF PERSON REPORTING: \_\_\_\_\_

AGENCY/HOSPITAL OF REPORTING PERSON \_\_\_\_\_

DATE/TIME: \_\_\_\_\_ BOX NUMBER(S): \_\_\_\_\_ IV BOX \_\_\_ DRUG BOX \_\_\_

EMS AGENCY EXCHANGING: \_\_\_\_\_ EMS UNIT: \_\_\_\_\_

LAST PHARMACY RESTOCKING: \_\_\_\_\_

DESCRIPTION OF INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**EMS Council Action**

RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

ACTION TAKEN:

\_\_\_\_\_  
\_\_\_\_\_

**Agency Action and Follow-up**

DATE RECEIVED: \_\_\_\_\_

CORRECTIVE ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_