



**NARCOTIC / CONTROLLED DRUG INCIDENT REPORT**

<b>FACILITY AND REGION:</b>	<b>Tel:</b>
<b>WARD / SECTION:</b>	<b>Fax</b>

Name of Drug & Strength: ..... Manufacturer .....

Batch Number: ..... Exp.Date : .....

Date & Time of Incident: ..... Number of Ampoules .....

Person Involved: ..... ID #..... Signature: .....

Witness: ..... ID #..... Signature: .....

Pharmacist in-Charge (Narcotics)..... ID #..... Signature:.....

**FACTUAL DESCRIPTION OF THE INCIDENT:** (to be filled by the person involved)

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*Attach another sheet if needed*

**ACTION TAKEN BY THE PHARMACIST IN-CHARGE FOR NARCOTIC / CONTROLLED DRUGS:**

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**INSPECTORS' COMMENTS AND RECOMMENDATIONS:**

**DATE:** .....

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**INSPECTORS:**

1. Dr. ....

2. Dr. ....

**CHAIRMAN, NARCOTIC COMMITTEE (HA-AD)**

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