

Ketamine Quarterly Report for Emergency Medical Service Agencies

This report must be submitted pursuant to PHL Article 33 within 30 days of the end of each Quarter. Reports must be submitted regardless of usage. Retain a copy of this Quarterly Report for a period of 5 years from the date of filing.

Quarterly Reporting Period _____

AGENCY NAME	NYS-EMS ID NO.	NYS-BNE LICENSE NO.		
ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE
NAME OF DEA REGISTRANT	DEA LICENSE NO.	DAY PHONE		

KETAMINE

RESPONSE/TRANSPORT HISTORY

Total Quantity at Start of Quarter	Stock: _____ Substock: _____ TOTAL of Above: _____	Total Number of EMS Response/Transports this Quarter	
Total Quantity Received from DEA Registrant		Total Number of Patients Receiving ketamine this Quarter	
Total Quantity Administered		Number of ketamine Administrations pursuant to Direct Medical Control	
Total Quantity Wasted		Number of Quality Assurance reviews conducted by the service medical director	
Total Quantity Lost (Attach copy of DOH Form 2094)		Number of Adverse Reactions to ketamine Administration	
Total Quantity Remaining at End of Quarter		Number of EMS Personnel Authorized to Administer ketamine	Flight Nurses: _____ EMT-P: _____ EMT-CC: _____

I certify that on _____ I conducted an actual physical inventory of the controlled substance listed above. Losses have been reported on a "Loss of Controlled Substances Report" DOH Form 2094 and have been submitted to BNE and a copy of the form has been enclosed. Overages are explained on a separate attached report.

I affirm that this is a true and accurate record of the controlled substance utilization by the above named agency.

NAME OF AGENT (PRINT)	SIGNATURE OF AGENT	DATE
NAME OF CEO (PRINT)	SIGNATURE OF CEO	DATE

Send completed report by due date to:

**New York State Department of Health
Bureau of Emergency Medical Services
875 Central Avenue, Albany, NY 12206**

Telephone 518-402-0996 x2