

Controlled Substances Semi-Annual Report

For Emergency Medical Services Agencies

This report must be submitted pursuant to PHL Article 33 within 30 days of June 30th and December 31st each year. Retain a copy of this Semi-Annual report your records for a minimum of 5 years.

Reporting Period

☐ January 1 - June 30, _____

☐ July 1 - December 31, _____

This form is for reporting Controlled substances
OTHER THAN Fentanyl and Ketamine*

Agency Name _____ NYS Agency Code _____ NYS CS License No. _____ Business Phone _____

Address _____ City _____ State _____ Zip _____ County _____

	Name of Controlled Substance*	Name of Controlled Substance*	Name of Controlled Substance*
Dosage Form (mg/unit)			
Total Quantity Received from DEA Registrant			
Total Quantity Administered and Wasted			
Total Quantity Lost (attach DOH-2094)			
Total Quantity Accounted from Records (stocks and sub stocks)			
Physical Inventory Count (stocks and sub stocks)			

Total Number of EMS Responders Authorized to administer EMT-P _____ EMT-CC _____

I certify that on _____ I conducted an actual physical inventory of the controlled substances listed above. Losses have been reported on a "Loss of Controlled Substances Report" DOH-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 to:

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

Telephone 518-402-0996