NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services
Bureau of Narcotic Enforcement

Fentanyl Quarterly Report

For Emergency Medical Services Agencies

This report must be submitted pursuant to PHL Article 33. Retain a copy of this Quarterly report your records for a minimum of 5 years.

Reporting Period

☐ _____

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

Address | City | State | Zip | County

Fentanyl		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 Through DEA Registrant		Total Number of Patients Receiving Fentanyl this Quarter	
Total Quantity Administered		Number of Fentanyl 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-2094)		Number of Adverse Reactions to Fentanyl Administration	
Total Quantity Remaining at End of Quarter		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