



EMS Agency Drug Diversion Report Form

Virginia EMS Regulations 12VAC5-31-520.D. Requires an EMS Agency to notify the Office of Emergency Medical Services in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, drug delivery devices, or other regulated medical devices from an agency, facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence.

Date of Report: _____ Person Completing Report: _____

Address: _____ Phone: (work) (____)____ - _____

City: _____ State: _____ Zip: _____ Phone: (home) (____)____ - _____

Email: _____

Name of EMS Agency Involved: _____ Agency Number: _____

Signature of Person Completing Report: _____

Drugs Missing From: _____ Supply Storage Area _____ Vehicle _____ Other _____

Signs of Physical Damage: YES NO Describe: _____

Drugs in Locked Cabinet or Box: YES NO Other: _____

Type of Security System in Place: Video Alarm Other: _____

Date Discovered: _____ Time Discovered: _____ Last Date Drugs were Checked: _____

Address Diversion Occurred: _____

City: _____ State: _____ Zip: _____

Person Who Discovered the Diversion: _____

Address: _____ Phone: (work) (____)____ - _____

City: _____ State: _____ Zip: _____ Phone: (home) (____)____ - _____

Has Local Law Enforcement Been Contacted? YES NO

Name of Law Enforcement Agency: _____

Name of the Investigating Officer (if applicable): _____ Phone: (____)____ - _____

Name of the Pharmacy Drug Box was returned to: _____ Date Received: _____

List of the Drugs and Volumes Involved in the Diversion:

The individual who discovered the Drug Diversion must attach a written statement with the specific details about what was found relative to the drug diversion. Please attach any additional information and/or documents related to the drug diversion (i.e., police report, photos, etc.). These documents must be forwarded to:

Virginia Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059
(804)371-3409 (facsimile)

OEMS Use ONLY

Date Received: _____ Statement Attached: YES NO

Received by: _____

Investigation Required: YES NO

Investigation Assigned To: _____