

# 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 for your records for  
 a minimum of 5 years.

Quarterly Reporting Period		
Quarter 1	From _____ to _____	
Quarter 2	From _____ to _____	
Quarter 3	From _____ to _____	
Quarter 4	From _____ to _____	

Agency Name	NYS Agency Code	NYS CS License No.	Business Phone
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Address	City	State	Zip	County
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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
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Name of CEO Print	Signature of CEO	Date
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<b>Send completed report to:</b>	
New York State Department of Health Bureau of Emergency Medical Services and Trauma Systems 875 Central Avenue Albany, NY 12206	Telephone 518-402-0996
DOH-4352 (7/15)	