

# EMS of Leflore County

## Narcotics Transfer Form

This form is to be used any time narcotics are transferred from the station to the end point for the removal from the system and destruction.

**Date:** \_\_\_\_\_

**Location transferring from:** \_\_\_\_\_

**Person transferring:** \_\_\_\_\_

**Witness (if possible):** \_\_\_\_\_

**Inventory transferring:** List medication name, quantity, narc tag number. (ex. Morphine x3: OIQ12, OIQ13, OIQ14). *The person receiving the transferred medications needs to initial to confirm the numbers they received are correct with the quantity, ID tags, and types listed below.*

<u>Medication/Reason</u>	<u>Quantity</u>	<u>Control/Tag Number</u>	<u>Initial (receiver)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Location Transferring To:** \_\_\_\_\_

**Person Transferring To:** \_\_\_\_\_

**Witness (if possible):** \_\_\_\_\_

**Date of Transfer:** \_\_\_\_\_

**Final Transfer Location/Disposition:** \_\_\_\_\_

**Signature of Person Transferring:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Person Receiving:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This form must be completed and stored with the Executive Director to be filed with OBN/DEA/MD paperwork.*