



دائرة الصحة
DEPARTMENT OF HEALTH

APPENDIX 8 – NARCOTIC, SEMI-CONTROLLED AND CONTROLLED DRUG INCIDENT REPORT

NARCOTIC / CONTROLLED DRUG INCIDENT REPORT

| | | |
|--|--|---|
| <p style="text-align: center;">FACILITY & REGION</p> | <p style="text-align: center;">LOCATION OF THE INCIDENT</p> | <p style="text-align: center;">FACILITY NUMBER</p> |
| <p style="text-align: center;">BRAND NAME/STRENGTH</p> | <p style="text-align: center;">BATCH NUMBER</p> | <p style="text-align: center;">DOH DRUG CODE NUMBER</p> |
| <p style="text-align: center;">EXPIRY DATE</p> | <p style="text-align: center;">TIME/DATE OF THE INCIDENT</p> | <p style="text-align: center;">DATE OF REPORTING</p> |

| | Name | License Number | signature |
|--------------------|------|----------------|-----------|
| Involved Person | | | |
| Witness | | | |
| Narcotic-In charge | | | |

Types of the incident occur:

- Breakage/ Damage
- Lost / Stolen
- Administration Error
- Others. Please Specify:

Drug Dosage Form:

- Capsule / Tablet
- Ampoule / Vial
- Solution
- Patch
- Others. Please Specify:

Number of Drug Unit/Pack:

.....

.....

.....

DETAILS OF THE INCIDENT: (to be filled by the person involved)

| |
|--|
| <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;"><i>Attach another sheet if needed</i></p> |
|--|

CORRECTIVE ACTION(S) TAKEN BY THE NARCOTIC IN-CHARGE:

.....

.....

DOH's COMMENTS AND RECOMMENDATIONS:

.....

.....

DOH INSPECTORS SIGNATURE

1. DOH NARCOTIC OFFICER:

.....

2. DOH AUDITOR:

.....