هيئة الصحة
HEALTH AUTHORITY

NARCOTIC / CONTROLLED DRUG INCIDENT REPORT

FACILITY AND REGION:	**Tel:**
WARD / SECTION:	**Fax**

Name of Drug & Strength: ..... **Manufacturer**.....

Batch Number: ..... **Exp.Date** : .....

Date & Time of Incident: ..... **Number of Ampoules** .....

Person Involved: ..... **ID #**..... **Signature:** .....

Witness: ..... **ID #**..... **Signature:** .....

Pharmacist in-Charge (Narcotics).....**ID #**..... **Signature:**.....

***FACTUAL DESCRIPTION OF THE INCIDENT**: (to be filled by the person involved)*

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Attach another sheet if needed

***ACTION TAKEN BY THE PHARMACIST IN-CHARGE FOR NARCOTIC / CONTROLLED DRUGS**:*

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***INSPECTORS' COMMENTS AND RECOMMENDATIONS**:* ***DATE**:* .....

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***INSPECTORS**:*

1. *Dr.* ....
2. *Dr.* ....

CHAIRMAN, NARCOTIC COMMITTEE (HA-AD)

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