



VIRGINIA OFFICE OF EMS  
109 Governor Street, Suite UB-55  
Richmond, Va. 23219

## EMS Agency Drug Diversion Report Form

Date of Report: \_\_\_\_\_ Date Incident occurred or discovered: \_\_\_\_\_

Person completing this report: \_\_\_\_\_ Phone: (w) \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (h) \_\_\_\_\_

Title and EMS agency of person completing report: \_\_\_\_\_

Signature of person completing report: \_\_\_\_\_ Date: \_\_\_\_\_

Meds missing from: Supply Storage Area \_\_\_\_\_ Vehicle \_\_\_\_\_ Signs of physical damage: Y or N

Meds in Locked Cabinet or Box: Y or N Is this the first diversion incident for this agency? Y or N

Date discovered: \_\_\_\_\_ Time discovered: \_\_\_\_\_ Last date meds were checked: \_\_\_\_\_

Address the Diversion occurred: \_\_\_\_\_

Person that discovered the Diversion: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

List the Meds and volume of each involved in this diversion:

Person making the discovery of the Med Diversion must file a written statement with specific details about what they found and observed at that time and, attach that statement to this report. These documents must be forwarded to:

Virginia Office of EMS  
1538 East Parham Rd  
Richmond, Va 23228

Statement attached: Y or N

Date report received by OEMS: \_\_\_\_\_ Received by: \_\_\_\_\_

Investigation required: Y or N Person Assigned: \_\_\_\_\_