



Tri-County Emergency Medical Control Authority

Serving Clinton, Eaton, and Ingham County

PHARMACY REPORTING FORM

Use this form to document any discrepancies with a drug box, missing medications, exchange issues, replacement concerns, or any issue relating to TCEMCA pharmacy items. Please submit to Pharmacy@TCEMCA.org

DATE:

RUN #:

Pharmacy:

Agency/Department:

Nature of Issue:

Drug Box number:

Agency Incident #:

Medication Name/Dose:

Description:

Drug Box Information (attach photo of Drug Box top if possible)

Drug Box #:

Checked Date:

By: (initials)

Expiration: Month

Day

Year

Item Expiring:

Red Tag #

Green Tag #

Any other marking on box indicating missing or different concentration medications:

TCEMCA USE

Disposition:

Received by:

Developed		Updated		Implemented		Approval	BP	Form ID	F-028
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www.tcemca.org