



**WESTERN VIRGINIA EMERGENCY  
MEDICAL SERVICES COUNCIL, INC.**

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\_\_\_\_\_ **STAT BOX**

\_\_\_\_\_ **ORANGE BOX**

**DRUG BOX PROBLEM REPORT**

Date problem reported: \_\_\_\_\_ Time: \_\_\_\_\_

By whom: \_\_\_\_\_

Hospital/Medical Facility: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Box number: \_\_\_\_\_ Seal number: \_\_\_\_\_

Call Report Form Number: \_\_\_\_\_

Nature of Problem:

\_\_\_\_\_ Missing Morphine

\_\_\_\_\_ Dirty Box

\_\_\_\_\_ Other Drug Missing: Name \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Squad Involved: \_\_\_\_\_

ALS Technician: \_\_\_\_\_

Findings:

Action Taken:

Please fax to 540-562-3488, email to [ccockrell@vaems.org](mailto:ccockrell@vaems.org), or mail to WVEMS.