



**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: