



Commonwealth of Pennsylvania



Naloxone Administration & Identifiable Markings Incident



PROJECT NALOXONE ADMINISTRATION AND REPLENISHMENT REPORTING FORM

Incident Details

Incident Date:*

Incident Time:*

Physical Address:*

General Location:*

Address Line 1:*

County:*

Address Line 2:

Municipality:*

City:*

State:*

Zip:*

Responder Details

Agency Type:*

County



State

Federal

Other

County:

Agency Name:*

If PSP:

Bureau:

Agency Incident Number:

Troop:

Responder Rank:

Station:

Responder First Name:*

Responder Last Name:*

Responder Phone #:

Responder Email:



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Victim 1 Details

Accidental Exposure to First Responder? ☐

Victim First Name *:

Victim Last Name *:

Victim DOB:

Note: If DOB is unknown please give an age range.

Gender:* Male ☐ Female ☐ Unknown ☐

Race:* American Indian or Alaskan Native ☐ Black ☐ White ☐
Asian or Pacific Islander ☐ Unknown ☐

Suspected Drugs* (Check all that apply.)

Alcohol ☐ Barbituates ☐
Bath Salts ☐ BenzoX]UhYd]bYg ☐
7UFZybHUb] ☐ Cocaine/Crack ☐
Fentanyl ☐ Fentanyl Analog ☐
Heroin ☐ Marijuana ☐
Methadone ☐ Methamphetamine ☐
Pharmaceutical Opiod ☐ Pharmaceutical Other ☐
Pharmaceutical Ch i Ubh ☐ Suboxone ☐
Synthetic Marijuana ☐ Unknown ☐
Other

Ethnicity:* Hispanic ☐ Not Hispanic ☐
Mongolian ☐ Unknown ☐

I b_bck b'5XXfygg*''Mfg Bc

Address Line 1:*

Address Line 2:

City:*

State:*

Zip:*

County:*

Municipality:*

Did the Person survive? * Yes ☐ No ☐ Unknown ☐

Received Naloxone administration? * Yes ☐ No ☐ If "Yes" complete questions below.

How long did it take for the Naloxone to work? * <1 Minute ☐ 1-3 Minutes ☐ 3-5 Minutes ☐ >5 Minutes ☐
Don't Know ☐

Person's response to Naloxone? * Combative ☐ Responsive and Angry ☐ Responsive and Alert ☐
Responsive but Sedated ☐ No Response to Naloxone ☐

If the victim was revived, what happened next? * Arrest ☐ Hospital Conscious ☐ Referred to Treatment ☐
Released ☐ Hospital Unconscious ☐ Other (Specify) ☐



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Victim 2 Details

Accidental Exposure to First Responder? ☐

Victim First Name *:

Victim Last Name *:

Victim DOB:

Note: If DOB is unknown please give an age range.

Gender:* Male ☐ Female ☐ Unknown ☐

Race:* American Indian or Alaskan Native ☐ Black ☐ White ☐
Asian or Pacific Islander ☐ Unknown ☐

Suspected Drugs?* (Check all that apply.)

Alcohol ☐ Barbituates ☐
Bath Salts ☐ BenzoX]UhYd]bYg ☐
7UFZybHUb] ☐ Cocaine/Crack ☐
Fentanyl ☐ Fentanyl Analog ☐
Heroin ☐ Marijuana ☐
Methadone ☐ Methamphetamine ☐
Pharmaceutical Opiod ☐ Pharmaceutical Other ☐
Pharmaceutical Ch i Ubh ☐ Suboxone ☐
Synthetic Marijuana ☐ Unknown ☐
Other

Ethnicity:* Hispanic ☐ Not Hispanic ☐
Mongolian ☐ Unknown ☐

I b_bck b'5XXfYgg* M'g Bc

Address Line 1:*

Address Line 2:

City:*

State:*

Zip:*

County:*

Municipality:*

Did the Person survive? * Yes ☐ No ☐ Unknown ☐

Received Naloxone administration? * Yes ☐ No ☐ If "Yes" complete questions below.

How long did it take for the Naloxone to work? * <1 Minute ☐ 1-3 Minutes ☐ 3-5 Minutes ☐ >5 Minutes ☐
Don't Know ☐

Person's response to Naloxone? * Combative ☐ Responsive and Angry ☐ Responsive and Alert ☐
Responsive but Sedated ☐ No Response to Naloxone ☐

If the victim was revived, what happened next? * Arrest ☐ Hospital Conscious ☐ Referred to Treatment ☐
Released ☐ Hospital Unconscious ☐ Other (Specify)



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Administration Details

Victim :*	# of Doses:*
Third-Party Administration Yes No	Strength (mg):* 2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration Yes No	Strength (mg):* 2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration Yes No	Strength (mg):* 2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration Yes No	Strength (mg):* 2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration Yes No	Strength (mg):* 2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration Yes No	Strength (mg):* 2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>



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Identifiable Drug Markings



Note: Only complete this section if you are gathering drugs from an incident.

Drug Incident Type:* Buy ☐ Fatal ☐ Non-Fatal ☐ Search Warrant ☐ Traffic Stop ☐ Other ☐

Stamp Text :

Package Type:*

Balloon ☐

Lottery Ticket ☐

Paper ☐

Pill ☐

Stamp/Ink Color:*

; Uggly DUWYh ☐

Receipt ☐

Trash Can ☐

Plastic Baggie ☐

Package Color:*

Aluminum ☐

Other ☐

Descriptive Keywords:

Suspected Drug Type:?* (Check all that apply.)

Bath Salts

☐

Barbituates

☐

Benzodiazine

☐

Cocaine/Crack

Fentanyl

☐

Fentanyl Analog

☐

Herion

☐

Marijuana

A Yh UXcbY

☐

Methamphetamine

☐

Pharmaceutical Cd]c]X

☐

Pharmaceutical Other

Pharmaceutical Stimulant

☐

G Vcl cbY

☐

Synthetic Marijuana

☐

Other (Specify)

Stamp Text :

Package Type:*

Balloon ☐

Lottery Ticket ☐

Paper ☐

Pill ☐

Stamp/Ink Color:*

; Uggly DUWYh ☐

Receipt ☐

Trash Can ☐

Plastic Baggie ☐

Package Color:*

Aluminum ☐

Other ☐

Descriptive Keywords:

Suspected Drug Type:?* (Check all that apply.)

Bath Salts

☐

Barbituates

☐

Benzodiazine

☐

Cocaine/Crack

Fentanyl

☐

Fentanyl Analog

☐

Herion

☐

Marijuana

A Yh UXcbY

☐

Methamphetamine

☐

Pharmaceutical Cd]c]X

☐

Pharmaceutical Other

Pharmaceutical Stimulant

☐

G Vcl cbY

☐

Synthetic Marijuana

☐


Other (Specify)




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Controlled Substances with Identifiable Markings

Investigative Keywords:  If applicable, enter keywords that may help connect your case with another; such as dealer name, origin of drugs, dealer street name, ect.

Phone Numbers:  If applicable, enter phone numbers that may help connect your case with another.
