

Controlled Substance Diversion Report

Date: _____

Time: _____

Name of ALS Provider: _____

Certification Number: _____

Problem (check one):

- loss of controlled substance
- theft of controlled substance
- accidental breakage/destruction
- waste/destruction of controlled substance
- other: _____

Detailed description of events:

Witnesses:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Actions taken:

Notifications made (including dates, times and contacts):

Date

Signature of ALS provider

Date

Signature of Agent