



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:

Nature of Issue:

Pharmacy Name:

Agency/Department Name:

Drug Box number:

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:

Received by: _____ TCEMCA USE
Disposition: _____

Developed		Updated		Implemented		Approval	BP	Form ID	F-028
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2127 University Park Drive, Suite 370 · Okemos, MI 48864 · (517) 699-2888 · Fax (517) 699-2922

www.tcemca.org