



Peninsulas Emergency Medical Services Council, Inc.

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Prehospital Medication Box Incident Report

Person making Report: _____ Agency: _____

Date: _____ Time: _____ Box Number: _____

EMS Agency turning in box: _____ Unit: _____

Description of Incident:

Prior Replenishment Hospital (check one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Mary Immaculate | <input type="checkbox"/> Riverside Regional | <input type="checkbox"/> Sentara Careplex |
| <input type="checkbox"/> Rappahannock General | <input type="checkbox"/> Medical Center | <input type="checkbox"/> Sentara Williamsburg |
| <input type="checkbox"/> Riverside Tappahannock | <input type="checkbox"/> Rappahannock General | <input type="checkbox"/> Regional |
| <input type="checkbox"/> Riverside Doctors' | <input type="checkbox"/> Riverside Walter Reed | <input type="checkbox"/> Other |

Copy of exchange card enclosed:

Prehospital report enclosed:

Date of replenishment:

WE ARE PEMS!