



## Overdose Response Incident Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Peer completing form: \_\_\_\_\_ Peers on shift: \_\_\_\_\_

Person experiencing Overdose: \_\_\_\_\_

# of Narcan Administered \_\_\_\_\_ Lot Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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Property Damaged: \_\_\_\_\_

### Forms Completed

### Peer Initials

Incident Form:

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Narcan Form:

\_\_\_\_\_

Narcan Use Form:

\_\_\_\_\_

Encounter Form:

\_\_\_\_\_

Overdose response bag refilled

\_\_\_\_\_

**Upon completion of this form a copy should be placed in persons file and master filed in binder and immediately email form to:**

**Recovery Center/Crisis Services Manager:**

**Chief Operations Officer:**

**Executive Director:**