



PUBLIC SAFETY/LAW ENFORCEMENT ANNUAL NALOXONE PROGRAM DATA AND UPDATE REPORT

JANUARY 1, _____ TO DECEMBER 31, _____

SERVICE PROVIDER				NALOXONE PROGRAM COORDINATOR			
ADDRESS			CITY		ZIP	PHONE#	
FAX#		EMAIL		PROGRAM INSTRUCTOR			
EMAIL			NALOXONE BRAND NAME				
DATE	INCIDENT NUMBER	INDICATIONS	AMOUNT ADMINISTERED	RESPONSE TO NALOXONE	AED/CPR	PERSONNEL WHO ADMINSTERED	PATIENT TRANSPORT

TOTAL NALOXONE KITS ORDERED: _____ TOTAL NALOXONE KITS USED: _____ TOTAL NALOXONE KITS EXPIRED: _____

TOTAL NALOXONE KITS DISPOSED: _____

Please document the requested information on all patients that meet the County of San Luis Obispo criteria for Naloxone administration as the incidents occur throughout the year.