



INCIDENT REPORT

Directions: This incident report must be submitted to the managing board of your public postsecondary education system within 72 hours following an administration of Naloxone by any person designated in the Board of Regents Opioid Education, Training and Reporting Policy, or any other administration of which a managing board of public postsecondary education is aware of on institutional property or suspects was made using an opioid antagonist treatment kit stored on institutional property. Please check with the managing board of your public postsecondary education system for submission requirements of this form.

NAME OF INSTITUTION	ADDRESS (STREET, CITY, STATE, ZIP CODE)
CONTACT PERSON COMPLETING FORM (PRINT)	TITLE
TELEPHONE (Include Area Code)	CONTACT EMAIL
DATE OF INCIDENT (mm/dd/year)	DATE OF INCIDENT (mm/dd/year)

PLEASE PROVIDE THE FOLLOWING INFORMATION

1. LOCATION OF INCIDENT

2. EMPLOYMENT CATEGORY OF PERSON ADMINISTERING THE NALOXONE: **(Check one only)**

Residential Staff

Campus Law Enforcement

Academic/Faculty Member

Registered Nurse

Trained Personnel

Student

Other (please specify) _____

3. DESCRIPTION OF PERSON RECEIVING THE NALOXONE

a. Race

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White



b. Gender

- Male
- Female
- Other (specify) _____

4. PROVIDE A DESCRIPTIVE ACCOUNT OF ALL RESULTING FOLLOW-UP ACTIONS