



Narcan Use Report

Please fill out this form each time narcan is administered and return it to the Substance Misuse email address ADH.injuryprevention@arkansas.gov or Fax: 501-682-0427 Attn: Substance Misuse Section

Date Narcan was administered: _____

Type of Dosage

- Single dose
- Multiple dose
If multiple dose, how many? _____
- Unknown

Type of Location

Location of Administration:

Street Address	City	State	Zip	County
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Was the location:

- Indoor public place/business (including motel/hotel)
- Unknown
- Other (Specify): _____

Type of Outcome

- Overdose Reversal
- Death
- Event was likely not an opioid overdose
- Unknown Outcome