

University of North Alabama Police Department

Naloxone Reporting Form

Officer Name: Repor	t Date://
1. When did the overdose occur? Date:// Approximate	te Time:
2. Where did the overdose occur? ☐ campus residence ☐ campus building/facility ☐ street ☐ hotel/motel	
□ other	
3. What gender did the person who overdosed appear?☐ male☐ female	
4. What race was the person who overdosed? (Check all that apply.) ☐ Caucasian/white ☐ African American/black	
□Asian	
☐ Hispanic/Latino	
☐American Indian ☐Other	
5. How did you know that an overdose was happening? (Check all that ☐ Person looked blue ☐ Person wouldn't wake up	apply.)
☐ Person stopped breathing	
□ No response to sternal rub or painful stimuli □ Other	
6. What drugs were involved in the overdose? (Present at the scene or □heroin □codeine □morphine □fentanyl □oxycodone □methado cocaine/crack □benzodiazepines, 'benzos' (eg: valium) □additional:	
7. Did the person who you administered naloxone to a) Experience any symptoms of withdrawal? □ none □ mild □ b) Display aggression because of these symptoms? □ yes □ no	



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8. How long did it take for the naloxone to work? Check one answer:
\square immediately \square 30 seconds \square one minute \square 90 seconds
\square 2 minutes \square 180 seconds \square 210 seconds \square 3 minutes \square more than 3 minutes
□it didn't work
9. How many vials of naloxone were administered?
\Box 1 \Box 2
10. Did the person survive the overdose?
□yes □ no □ I don't know
11. Do you experience any problems carrying your naloxone kit? \Box yes \Box no If yes, please specify:
Please give the complete form to the UNA Police Department Naloxone Coordinator and receive a new kit.