

**Naloxone Distribution Project Dispense Log**

**Site (circle one): [sites with multiple campuses]**

	Date	Recipient Age & M/F/Trans/Other  <i><u>(OK to give estimate)</u></i>  Example: 22 F	Number of kits dispensed  (each kit has 2 naloxone sprays)	If this is a refill, # of times naloxone has been used to reverse an overdose  (write n/a if not applicable). If used for reversal -- patient: Lived? Died? Unknown?	Harm Reduction Kit (Safer Use Kit) also dispensed?	Instructions (on box flap of kit) reviewed with recipient?  (Initial)	Person dispensing has viewed CDPH training video  (Initial)	Position of person dispensing  (RN/PA/NP/MD/ED Tech/Social Worker/Guard/Health Coach/SUN/clerk/etc)	Person dispensing kits (Printed name and signature)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

<input type="checkbox"/> Photo or scanned copy of completed log sheet sent to [email address of project manager] Name _____ Date _____	
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**Site (circle one): [sites with multiple campuses]**

Photo or scanned copy of completed log sheet sent to [email address of project manager]

Name \_\_\_\_\_ Date \_\_\_\_\_