

CHAIN OF CUSTODY TRANSFER FORM

COPY A – White (Host Hospital)

Name of Host Hospital _____ Product will be delivered to _____
 Courier Name _____ Title & Organization _____

CHEMPACK		
ITEM	QTY Sent	QTY Received
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
OTHER MEDICATIONS/SUPPLIES		
ITEM	QTY Sent	QTY Received

Shipment Prepared/Released By _____ Date _____ Time _____

Signature of Courier _____ Date _____ Time _____

CHAIN OF CUSTODY TRANSFER FORM

COPY B – Yellow (Courier)

Name of Host Hospital _____ Product will be delivered to _____

Courier Name _____ Title & Organization _____

Receiving Site _____

Name of Recipient (PRINT) _____

CHEMPACK		
ITEM	QTY Sent	QTY Received
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
OTHER MEDICATIONS/SUPPLIES		
ITEM	QTY Sent	QTY Received

Shipment Prepared/Released By _____ Date _____ Time _____

Signature of Courier _____ Date _____ Time _____

Signature of Recipient _____ Date _____ Time _____

Host Hospital Copy A – White; Courier Copy B – Yellow; Receiving Agency Copy C - Blue; DPHHS Copy D – Pink

CHAIN OF CUSTODY TRANSFER FORM

Copy C – Blue (Receiving Agency)

Name of Host Hospital _____ Product will be delivered to _____

Courier Name _____ Title & Organization _____

Receiving Site _____

Name of Recipient (PRINT) _____

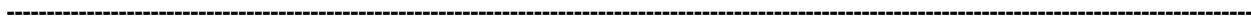
CHEMPACK		
ITEM	QTY Sent	QTY Received
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
OTHER MEDICATIONS/SUPPLIES		
ITEM	QTY Sent	QTY Received

Shipment Prepared/Released By _____ Date _____ Time _____

Signature of Courier _____ Date _____ Time _____

Signature of Recipient _____ Date _____ Time _____

Host Hospital Copy - A, White, Courier Copy - B, Yellow, Receiving Agency Copy - C, Blue, DHS Copy - D - Pink



CHAIN OF CUSTODY TRANSFER FORM

COPY D – Pink (DPHHS)

Name of Host Hospital _____ Product will be delivered to _____

Courier Name _____ Title & Organization _____

Receiving Site _____

Name of Recipient (PRINT) _____

CHEMPACK		
ITEM	QTY Sent	QTY Received
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
OTHER MEDICATIONS/SUPPLIES		
ITEM	QTY Sent	QTY Received

Shipment Prepared/Released By _____ Date _____ Time _____

Signature of Courier _____ Date _____ Time _____

Signature of Recipient _____ Date _____ Time _____

CHAIN OF CUSTODY TRANSFER FORM

Instructions:

The host hospital will complete a form for each requesting agency providing the amount of material to be transferred. The host hospital will release the order by having an authorized representative sign the custody form on Copy A - White.

The courier will sign for custody on Copy A - White, and transfer the product to the designated location(s). Copy A - White will remain at the host hospital, after the courier signs it.

The receiving agency will sign for custody on Copy B - Yellow, releasing the courier of custody. Copy B - Yellow will remain with the courier. Copy C - Blue is retained by the receiving agency.

The receiving agency will forward Copy D - Pink to DPHHS: Emergency Preparedness
1400 Broadway
Cogswell Building, Room C-202
Helena, MT 59620

Host Hospital Copy A – White; Courier Copy B – Yellow; Receiving Agency Copy C - Blue; DPHHS Copy D – Pink

Revised: January, 2011
