

## 24 Hour Overdose Incident Report To GARR Acknowledgement

I, (Name) \_\_\_\_\_ am the (Position) \_\_\_\_\_

of (Program Name) \_\_\_\_\_.

**I acknowledge that, in the event of an overdose death at our program, we are required within 24 hours of the incident, to notify the Executive Director of GARR by a phone call. We are also required to submit an incident report to GARR, within 72 hours of the incident, detailing the timeline, incident details and individuals names who were present during the incident.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_