REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete page 1, and either page 2 or 3. Make two additional copies of the completed form. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL
No. 1117-0001
(Expiration Date 9/30/2017)

1. Name and Address of Registrant (include ZIP Code)

2. Phone No. (Include Area Code)

3. DEA Registration Number

4. Date of Theft or Loss

5. Principal Business of Registrant (Check one)
- 1 ☐ Pharmacy
- 2 ☐ Practitioner
- 3 ☐ Manufacturer
- 4 ☐ Hospital/Clinic
- 5 ☐ Distributor
- 6 ☐ Methadone Program
- 7 ☐ Other (Specify) _____

6. County in which Registrant is Located

7. Was Theft reported to Police?
☐ Yes ☐ No

8. Name and Telephone Number of Police Department (Include Area Code)

9. Number of Thefts or Losses Registrant has Experienced in the Past 24 Months

10. Type of Theft or Loss (Check one and complete items below as appropriate)
- 1 ☐ Night Break-in
- 2 ☐ Armed Robbery
- 3 ☐ Employee Pilferage
- 4 ☐ Customer Theft
- 5 ☐ Other (Explain)
- 6 ☐ Lost in Transit (Complete Item 14)

11. If Armed Robbery, was Anyone:
Killed? ☐ No ☐ Yes (How Many) _____
Injured? ☐ No ☐ Yes (How Many) _____

12. Purchase value to Registrant of Controlled Substances taken?
$

13. Were any pharmaceuticals or merchandise taken?
☐ No ☐ Yes (Est. Value)
$

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer?
☐ Yes ☐ No

E. If received, did it appear to be tampered with?
☐ Yes ☐ No

F. Have you experienced losses in transit from this same carrier in the past?
☐ No ☐ Yes (How Many) _____

15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?

16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.

17. What security measures have been taken to prevent future thefts or losses?

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Report theft or loss of Controlled Substances.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The Valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

LIST OF CONTROLLED SUBSTANCES LOST OR STOLEN

Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
Examples					
Desoxyn	**00074-3377-01**	**Methamphetamine Hydrochloride**	**5 mg**	**Tablets**	**300**
Demerol	**00409-1181-30**	**Meperidine Hydrochloride**	**50 mg/ml**	**Vial**	**150 ml**
Robitussin A-C	**00031-8674-25**	**Codeine Phosphate**	**2 mg/cc**	**Liquid**	**5676 ml**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Remarks: (Optional)

Express Quantity in Dosage Units, or Milliliters for Liquids

I certify that the foregoing information is correct to the best of my knowledge and belief.

Sign and Print Name _____ Title _____ Date _____

LIST OF MAIL-BACK PACKAGES OR INNER LINERS LOST OR STOLEN

Mail-Back Package	Inner Liner	Unique Identification Number(s)	Size of Inner Liner	Total Quantity Lost or Stolen
Examples				
X		**MBP1106, MBP1108 – MBP1110, MBP1112**	**N/A**	**5**
	X	**CRL1007 – CRL1027**	**15 GALLON**	**21**
	X	**CRL1201**	**5 GALLON**	**1**
1.				
2				
3.				
4.				
5.				
6.				
7.				
8.				

Remarks: (Optional)

Express in Total Quantities

If you are an authorized Retail Pharmacy or Hospital/Clinic with an onsite Pharmacy and reporting a theft or loss at a Long-Term Care Facility (LTCF), provide name and address of LTCF.

_____ _____

Name of LTCF Address, City, State, Zip Code

I certify that the foregoing information is correct to the best of my knowledge and belief.

_____ _____ _____

Sign and Print Name Title Date