



Type of Report: (check one box only) New Report Amendment Key (prior report dated):

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1. If applicable, enter your DEA Registration Number or the Self Certify Certificate ID:

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Name of Business: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Point of Contact: _____

Email Address: _____ Phone No.: _____

Date of the Theft or Loss (or first discovery of theft or loss):

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 Number of Thefts and Losses in the past 24 months: _____

- Principle Business of Registrant:** Pharmacy Practitioner/MLP Hospital/Clinic
 Manufacturer Distributor Teaching Institutions/Analytical Lab
 Exporter Importer
- Principle Business of Self Certifier:** Grocery/Superstore Convenience Store Specialty Food Store
 Gas Station Health/Personal Care Store Mail Order Distributor
 Merchandise/Department Store Mobile Vendor Other: _____

2. **Type of theft or loss:** (required)
 Break-in/Burglary Employee Theft (or Suspected) Hijacking of Transport Vehicle* Packaging Discrepancy
 Robbery Customer Theft (or Non Employee) Loss in Transit* Disaster (fire, weather, etc.)

3. **Loss in Transit.** (*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)

Name of Common Carrier: _____

Telephone Number of Common Carrier: _____ Package Tracking Number: _____

Have there been losses in transit from this same carrier in the past? No Yes (If yes, how many, excluding this theft or loss?): _____

Was the package received and accepted by the consignee? No Yes (If yes, the consignee is responsible for reporting the theft or loss.)

If the package was accepted by the consignee, did it appear to be tampered with? No Yes

Name of Consignee / Supplier: _____

Enter the Name of Consignee if (reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee).
If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."

DEA Registration Number of Consignee / Supplier:

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Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.

4. If this was a robbery, were any people injured? No Yes (If yes, how many?): _____ Were any people killed? No Yes (If yes, how many?): _____

5. What is the total value of the chemicals stolen or lost?: \$ _____
(This is the amount you paid for the chemicals, not the retail value.)

6. Was theft reported to Police? No Yes (If yes, fill out the following information):

Name of Police Department: _____ Police Report number: _____

Name of Responding Officer: _____ Phone No.: _____

7. Which corrective measure(s) have you taken to prevent a future theft or loss?
- | | |
|--|--|
| <input type="checkbox"/> Installed monitoring equipment (e.g. video camera). | <input type="checkbox"/> Provided security training to staff. |
| <input type="checkbox"/> Increased employee monitoring (e.g. random drug tests). | <input type="checkbox"/> Requested increased security patrols by Police. |
| <input type="checkbox"/> Installed metal bars or other security on doors or windows. | <input type="checkbox"/> Hired security guards for premises. |
| <input type="checkbox"/> Secured Controlled Substances within safe. | <input type="checkbox"/> Terminated employee. |
| <input type="checkbox"/> Other: _____ | |

Report of Theft or Loss of Listed Chemical

OMB No. 1117-0024 (Exp Date xx-xxxx) *Previous editions are obsolete.*

LIST OF LISTED CHEMICALS

U.S. Department of Justice
Drug Enforcement Administration

Diversion Control Division

DEA Transaction ID: _____



Trade Name of Listed Chemical	Chemical Code	NDC #	Name of Listed Chemical	Package Form	Total Quantity Lost or Stolen (MG or KG)
Examples:					
Benzaldehyde	8256	N/A	Benzaldehyde	Drum	420 KG
Sudafed® 12-Hour	8112	50580-0670-20	Pseudoephedrine	Blister-packs	28,800 MG
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Enter remarks, if required. Describe how theft or loss occurred. Attach a separate sheet, if necessary:

Express Quantity
in
MG or KG

The foregoing information is correct to the best of my knowledge and belief. By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 107 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: _____ Print Name: _____

Title: _____ Date Signed: _____

NOTICE: 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 1177-0001. Public reporting burden for this collection of information is estimated to average 30 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.

WARNING: Failure to report theft or loss of Listed Chemicals is unlawful under 21 USC 842(a)(5) and may result in penalties under 21 USC 842(c) of the Controlled Substances Act. 21 USC 843(a)(4)(A) states that any person who knowingly or intentionally furnishes false or fraudulent information in any report is subject to a term of imprisonment of not more than 4 years, and a fine of not more than \$30,000 or both.

Privacy Act Information

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

PURPOSE: Report theft and loss of Controlled Substances.

ROUTINE USES: The Controlled Substance 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.