

**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 the front and back of this form in triplicate. 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

1. Name and Address of Registrant (include ZIP Code) <div style="text-align: right; margin-top: 10px;">           ZIP CODE  <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>						2. Phone No. (Include Area Code)

3. DEA Registration Number 2 ltr. prefix <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 7 digit suffix <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td style="width: 14.28%; height: 20px;"></td><td style="width: 14.28%; height: 20px;"></td></tr></table>										4. Date of Theft or Loss	5. Principal Business of Registrant (Check one) <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1 <input type="checkbox"/> Pharmacy</td> <td style="width:50%;">5 <input type="checkbox"/> Distributor</td> </tr> <tr> <td>2 <input type="checkbox"/> Practitioner</td> <td>6 <input type="checkbox"/> Methadone Program</td> </tr> <tr> <td>3 <input type="checkbox"/> Manufacturer</td> <td>7 <input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td>4 <input type="checkbox"/> Hospital/Clinic</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Pharmacy	5 <input type="checkbox"/> Distributor	2 <input type="checkbox"/> Practitioner	6 <input type="checkbox"/> Methadone Program	3 <input type="checkbox"/> Manufacturer	7 <input type="checkbox"/> Other (Specify) _____	4 <input type="checkbox"/> Hospital/Clinic	
1 <input type="checkbox"/> Pharmacy	5 <input type="checkbox"/> Distributor																		
2 <input type="checkbox"/> Practitioner	6 <input type="checkbox"/> Methadone Program																		
3 <input type="checkbox"/> Manufacturer	7 <input type="checkbox"/> Other (Specify) _____																		
4 <input type="checkbox"/> Hospital/Clinic																			

6. County in which Registrant is located	7. Was Theft reported to Police?  <input type="checkbox"/> Yes <input type="checkbox"/> 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) <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 <input type="checkbox"/> Night break-in</td> <td style="width:33%;">3 <input type="checkbox"/> Employee pilferage</td> <td style="width:33%;">5 <input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td>2 <input type="checkbox"/> Armed robbery</td> <td>4 <input type="checkbox"/> Customer theft</td> <td>6 <input type="checkbox"/> Lost in transit (Complete Item 14)</td> </tr> </table>	1 <input type="checkbox"/> Night break-in	3 <input type="checkbox"/> Employee pilferage	5 <input type="checkbox"/> Other (Explain)	2 <input type="checkbox"/> Armed robbery	4 <input type="checkbox"/> Customer theft	6 <input type="checkbox"/> Lost in transit (Complete Item 14)
1 <input type="checkbox"/> Night break-in	3 <input type="checkbox"/> Employee pilferage	5 <input type="checkbox"/> Other (Explain)					
2 <input type="checkbox"/> Armed robbery	4 <input type="checkbox"/> Customer theft	6 <input type="checkbox"/> Lost in transit (Complete Item 14)					

11. If Armed Robbery, was anyone:  Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____	12. Purchase value to registrant of Controlled Substances taken?  \$ _____	13. Were any pharmaceuticals or merchandise taken?  <input type="checkbox"/> No <input type="checkbox"/> 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with?  <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past?  <input type="checkbox"/> No <input type="checkbox"/> 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.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Records Management Section, Drug Enforcement Administration, Washington, D.C. 20537; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

### LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
<b>Examples: Desoxyn</b>	<b>Methamphetamine Hydrochloride</b>	<b>5 mg Tablets</b>	<b>3 x 100</b>
<b>Demerol</b>	<b>Meperidine Hydrochloride</b>	<b>50 mg/ml Vial</b>	<b>5 x 30 ml</b>
<b>Robitussin A-C</b>	<b>Codeine Phosphate</b>	<b>2 mg/cc Liquid</b>	<b>12 Pints</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			

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

Signature

Title

Date