# Loss of Controlled Substances Report

*Article 33 of the New York State Public Health Law requires that all losses of controlled substances be reported promptly. A copy of the report must be maintained for five years in accordance with Section 3370 of the Public Health Law.*

This form is to be used to report all losses of controlled substances due to diversion (unknown, suspected, or possible).
The completed form must be sent to:

**NEW YORK STATE DEPARTMENT OF HEALTH**
**BUREAU OF NARCOTIC ENFORCEMENT**
**433 RIVER STREET, SUITE 303**
**TROY, NY 12180-2299**
**PHONE 866-811-7957**

CENTRAL OFFICE USE ONLY

Incident Number _____

Reviewed by _____

Date _____/_____/__☐__

Referred for Investigation

## A. Report Information

| | |
|---|---|
| 1. Business Name | 3. Telephone Number ( ) |
| 2. Business Address | 4. Article 33 License Number |
| City State Zip | 5. DEA Number (if applicable) |
| County | Person Completing Report |

Business Type : ☐ Pharmacy ☐ Practice ☐ Hospital ☐ Clinic ☐ Nursing Home ☐ Vet ☐ Manufacturer

☐ Distributor ☐ Methadone Program ☐ Other (specify) _____

## B. Incident Description

1. Date of Incident / /

2. Time of Incident

Reported to DEA? ☐ YES ☐ NO

3. Incident Type:
- ☐ Theft
  - ☐ Employee
  - ☐ Customer
- ☐ Loss (unusable)
- ☐ In-Transit Loss (complete Sec. C on page 2)
- ☐ Armed Robbery
- ☐ Burglary Pt. of entry_____
- ☐ Missing

Reported to Law Enforcement? ☐ YES ☐ NO

Agency_____

Telephone Number_____

Report Number_____

Copy Attached: ☐ YES ☐ NO

Describe detailed circumstances. Attach additional pages as needed.

**Do not send broken glass as proof of breakage to this bureau, the manufacturer or distributor.**

## C. In-Transit Losses

Complete this section only if controlled substances were lost in transit. Note the loss on your inventory record and attach copies of pertinent documents.

| | |
|---|---|
| 1. Sender's Name | 1. Shipper's Name |
| 2. Sender's Street Address | 2. Shipper's Street Address |
| City State Zip | City State Zip |
| 3. Date Sender Notified of Loss | 3. Date Sender Notified of Loss |
| 4. Contact Name | 4. Contact Name |
| 5. Contact Telephone Number ( ) | 5. Contact Telephone Number ( ) |

## D. Lost/Stolen Controlled Substance Listing

List the brand name of the controlled substances lost/stolen. For generic brands, include the manufacturer's name. (Attach additional sheets if necessary.)

| Name of Controlled Substance | Dosage Form | Strength | Quantity |
|---|---|---|---|
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| | | TOTAL VALUE | |

Additional Information or Remarks:

Security measures taken to prevent future incidents:

## E. Certification

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

| | |
|---|---|
| Name (please print) | Article 33 License Number |
| Signature | DEA Number (if applicable) |
| Title | Professional License Number (if applicable) |
| Date | Telephone Number |

**False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal law of New York State.**