

Loss of Controlled Substances Report

Article 33 of the New York State Public Health Law and the federal DEA Code of Regulations require 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 (known, suspected or possible). The completed form must be sent to:

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF CONTROLLED SUBSTANCES
433 RIVER STREET, SUITE 303
TROY, NY 12180-2299

CENTRAL OFFICE USE ONLY

Incident Number _____

Reviewed by _____

Date ____/____/____

Referred for Investigation

A. Information

1. Licensee's Name	3. Telephone Number ()
2. Licensee's Street Address	4. Article 33 License Number
City State Zip	5. D.E.A. Number (if applicable)
County	

B. Type of Loss/Theft

1. Date of Loss/Theft / /	3. Indicate Type of Loss/Theft <input type="checkbox"/> Armed Robbery <input type="checkbox"/> Customer Pilferage <input type="checkbox"/> Burglary <input type="checkbox"/> In-Transit Loss (Complete Sec. C Below) <input type="checkbox"/> Employee Theft <input type="checkbox"/> Other (Specify) _____
2. Time of Loss/Theft	

Briefly Describe Circumstances

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	5. Shipper's Name
2. Sender's Street Address	6. Shipper's Street Address
City State Zip	City State Zip
3. Business Type	7. Business Type
4. Date Sender Notified of Loss	8. Date Shipper Notified of loss / /

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

OVER

