



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Health Professions Licensure
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CHARLES D. BAKER
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 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

Report of Loss of Controlled Substances

Pharmacy Name _____ MA License Number _____
 Pharmacy Address _____
 City/Town _____ State _____ Zip Code _____
 Pharmacy Tel. No. _____ Pharmacy Fax No. _____
 Manager of Record name (MOR) (print) _____
 MOR MA License Number _____
 Pharmacy / MOR Email _____
 MOR Signature: _____

Pursuant to the Board’s regulations at 247 CMR 6.02(10), licensees are required to report the loss of a significant amount of controlled substances upon discovery. When a drug loss is discovered, complete the Board’s *Report of Loss of Controlled Substances* form.

Please note that once a loss has been CONFIRMED and is REPORTABLE, registrants must report the loss to the Board within 7 days in accordance with 247 CMR 6.02 (10).

For details, refer to Policy 16-02: Requirements and Procedures for Reporting Theft or Loss of Controlled Substances:
<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/pharmacy-regs/policies/>

Within 1 business day of a SUSPECTED REPORTABLE LOSS, a signed copy of Section A of this form must be scanned and emailed to: DHPL-OPP.ADMIN@MassMail.State.MA.US

Specify the name of the pharmacy and town in the subject line.

Within 30 days of initial *Report of Loss of Controlled Substances* Section A submission, investigation results, police reports (if applicable) and any other related documentation must be submitted utilizing Section B of this form while including information entered in Section A.

If the reason for loss is known during initial submission (e.g. armed robbery, lost in transit, employee pilferage, etc.), complete both Sections A and B of this form and submit along with DEA Form 106 (for federally controlled substances) and other documents, as applicable.

What to Report to the Board:		
Loss Type	Reporting Requirement	
	Schedule II - V	Schedule VI
Employee Pilferage / Diversion	Any loss	Any loss
Break-in	Significant loss	Significant loss of MassPAT drugs
Lost in Transit	Significant loss	Significant loss of MassPAT drugs
Customer Theft	Significant loss	Significant loss of MassPAT drugs
Armed Robbery	Significant loss	Significant loss of MassPAT drugs
Other Known Loss	Significant loss	Significant loss of MassPAT drugs
Unknown Loss	Significant loss	Significant loss of MassPAT drugs
<p>Refer to the DEA definition of significant loss for controlled substances. Use the same definition to report the significant loss or diversion of any Schedule VI drug that is reported to MassPAT (Prescription Monitoring Program). DEA guidance regarding "significant loss": https://www.deadiversion.usdoj.gov/fed_regs/rules/2005/fr0812.htm</p>		
Section A: Fill out this section within 1 business day of a suspected reportable loss or theft of controlled substances.		
1. Date/Time of Theft / Loss		
2. Reason for Loss	<input type="checkbox"/> Employee Pilferage/Diversion <input type="checkbox"/> Break-in <input type="checkbox"/> Lost in Transit <input type="checkbox"/> Customer Theft	<input type="checkbox"/> Armed Robbery <input type="checkbox"/> Other Known Loss (specify in box #6) <input type="checkbox"/> Unknown Loss(specify in box #6)
3. Number of reportable thefts or losses in the past 24 months		4. Number of unreportable losses in the past 24 months
5. List the controlled substance(s) that were lost or stolen, in the table "List of Controlled Substances Lost", at the end of this document.		
6. Additional comments:		

Section B: Fill out this section within 30 days of submitting Section A. If controlled substance loss is known at time of initial notification, fill out both sections.			
7. Date Investigation Concluded			
8. Loss/Theft Reported to Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes- Name and Phone # of Police Department: _____		
9. Reason for Loss (If different than Section A)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Employee Pilferage/Diversion <input type="checkbox"/> Break-in <input type="checkbox"/> Lost in Transit <input type="checkbox"/> Customer Theft </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Armed Robbery <input type="checkbox"/> Other Known Loss(Specify in box #13) <input type="checkbox"/> Unknown Loss (Specify in box #13) </td> </tr> </table>	<input type="checkbox"/> Employee Pilferage/Diversion <input type="checkbox"/> Break-in <input type="checkbox"/> Lost in Transit <input type="checkbox"/> Customer Theft	<input type="checkbox"/> Armed Robbery <input type="checkbox"/> Other Known Loss(Specify in box #13) <input type="checkbox"/> Unknown Loss (Specify in box #13)
<input type="checkbox"/> Employee Pilferage/Diversion <input type="checkbox"/> Break-in <input type="checkbox"/> Lost in Transit <input type="checkbox"/> Customer Theft	<input type="checkbox"/> Armed Robbery <input type="checkbox"/> Other Known Loss(Specify in box #13) <input type="checkbox"/> Unknown Loss (Specify in box #13)		
10. List the controlled substance(s) that were lost or stolen, in the table “List of Controlled Substances Lost”, at the end of this document, if different than Section A.			
11. Name of employee (s) allegedly engaged in pilferage, and license number (s), if applicable	Employee Name: _____ License #: _____ Address: _____ Phone Number: _____ Email Address: _____		
12. Attached Documents, if applicable	<input type="checkbox"/> Police Reports <input type="checkbox"/> Loss Prevention Reports <input type="checkbox"/> Signed voluntary statement or promissory note <input type="checkbox"/> DEA Form 106 <input type="checkbox"/> Security measures taken to prevent future theft/loss <input type="checkbox"/> Other – Specify: _____		
13. Additional comments:			

Please direct any questions to: DHPL-OPP.ADMIN@MassMail.State.MA.US

The FAILURE of any Massachusetts pharmacy or pharmacist to make a report required by 247 CMR to the Board within the timeframe stated in 247 CMR will be grounds for discipline under 247 CMR 6.02(10).

