



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
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## The Board of Registration in Pharmacy

### Controlled Substance Loss Protocol Count and Reconciliation

Pursuant to the Board of Registration in Pharmacy ("Board") Controlled Substance Loss Protocol ("Protocol"), retail pharmacies in Massachusetts under a Consent Agreement for Probation or Stayed Probation ("Agreement") due to an unknown or known loss of controlled substance and subject to the Protocol, in accordance with the terms of the Agreement, shall:

- I. Conduct an exact count and reconciliation of all product(s) in the specified class of controlled substance as outlined in the Agreement at least once every 30 days for a period of time specified in the Agreement following the Effective Date. The Pharmacy shall maintain documentation of the exact counts and reconciliation. Said documentation shall be immediately available for review by Board investigators at the time of inspection during the Stayed Probationary Period.
- II. Maintain documentation demonstrating that the area pharmacy supervisor or loss prevention manager reviewed the Pharmacy's balance on hand for all product(s) in the specified class of controlled substance as outlined in the Agreement at least once every 30 days for a period of specified in the Agreement following the Effective Date. Said documentation shall be immediately available for review by Board investigators at the time of inspection during the Stayed Probationary Period.
  - A. Said review shall take place within 48 hours of the exact count and reconciliation performed by the Pharmacy.
  - B. A copy of said documentation shall be emailed to the Probation Department Supervisor within 48 hours of the exact count and reconciliation performed by the Pharmacy.

#### **Print All Information Clearly**

Name of Pharmacy: [Enter Here](#)

MA License Number: [Enter Here](#)

Address: [Enter Here](#)

City: [Enter Here](#)

State: [Enter Here](#)

Zip: [Enter Here](#)

Pharmacy Email: [Enter Here](#)

Pharmacy Tel. No.: [Enter Here](#) Ext: [Enter Here](#)

Pharmacy Fax No.: [Enter Here](#)

Manager of Record (MOR): [Enter Here](#)

MA Lic. No.: [Enter Here](#)

Docket Number: [Enter Here](#)

Pharmacy Area Supervisor / Loss Prevention Manager: [Enter Here](#)

MA Lic. No (if applicable): [Enter Here](#)

Date and Time of exact count and reconciliation completed at the Pharmacy: [Enter Here](#)

Date and Time of review by the area pharmacy supervisor or loss prevention manager: [Enter Here](#)

Class(es) of Controlled Substance(s): Enter Here  
Enter Here  
Enter Here

I certify that the foregoing information is correct to the best of my knowledge and belief. I further certify that I am the individual listed below and that I have completed this form.

Enter Here  
Print Name of area pharmacy supervisor  
or loss prevention manager

Enter Here  
Title

Enter Here  
Date

\_\_\_\_\_  
Signature

Enter Here  
Contact Phone #

A signed copy of this form must be scanned and emailed to the Probation Department Coordinator at [Pharmacyprobation@mass.gov](mailto:Pharmacyprobation@mass.gov)