



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
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www.mass.gov/dph/boards

Board of Registration in Pharmacy
Report of Loss of Controlled Substances

Facility Name _____ MA License Number _____
Facility Address _____
City/Town _____ State _____ Zip Code _____
Facility Phone Number _____
Manager of Record name (MOR) _____
MOR Signature _____ MOR MA License Number _____

For details on what and how to report, refer to [Policy 2022-01: Requirements and Procedures for Reporting Theft or Loss of Controlled Substances](#)

This form must be emailed to: dhpl-opp.admin@mass.gov

Specify the name of the facility, town, and license number in the subject line.

Date of Theft / Loss		If form has been amended, indicate here (e.g., Amendment #1):
Date Investigation Concluded		
Loss / Theft Reported to Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes- Name, location, and Phone # of Police Department:	
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 #8) <input type="checkbox"/> Unknown Loss (Specify in box #8)
List the controlled substance(s) that were lost or stolen, in the table "List of Controlled Substances Lost", at the end of this document.		
Name of employee(s) allegedly engaged in pilferage, and license number(s), as applicable	Employee Name: _____ License #: _____ Address: _____ Phone Number: _____ Email Address: _____	
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:
Additional comments:		

List of Controlled Substances Lost

[illegible]

Please direct any questions to: dhpl-opp.admin@mass.gov

Submit