



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

MONICA BHAREL, MD, MPH
 Commissioner

**Board of Registration in Pharmacy
 Report of Loss of Controlled Substances**

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

For details on what and how to report, refer to Policy 2018-05: 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/>

This form must be emailed to: dhpl-opp.admin@state.ma.us

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

1. Date of Theft / Loss		If form has been amended, indicate here (i.e.- Amendment #1):
2. Date Investigation Concluded		

3. Loss/Theft Reported to Police?	No Yes- Name, location, and Phone # of Police Department: _____
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4. Reason for Loss	Employee Pilferage/Diversion	Armed Robbery
	Break-in	Other Known Loss (Specify in box #8)
	Lost in Transit	Unknown Loss (Specify in box #8)
	Customer Theft	

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. Name of employee (s) allegedly engaged in pilferage, and license number (s), as applicable	Employee Name: _____
	License #: _____
	Address: _____
	Phone Number: _____
	Email Address: _____

7. Attached Documents, if applicable	Police Reports	DEA Form 106
	Loss Prevention Reports	Security measures taken to prevent future theft/loss
	Signed voluntary statement or promissory note	Other – Specify: _____

8. Additional comments:

