Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

1. Name and Address of Registrant (include ZIP Code)  
2. Phone No. (Include Area Code)  
3. DEA Registration Number  
4. Date of Theft or Loss  
5. Principal Business of Registrant (Check one)  
   1. Pharmacy  
   2. Practitioner  
   3. Manufacturer  
   4. Hospital/Clinic  
   5. Distributor  
   6. Methadone Program  
   7. Other (Specify)  
6. County in which Registrant is located  
7. Was Theft reported to Police?  
   Yes  
   No  
8. Name and Telephone Number of Police Department (Include Area Code)  
9. Number of Thefts or Losses Registrant has experienced in the past 24 months  
10. Type of Theft or Loss (Check one and complete items below as appropriate)  
   1. Night break-in  
   2. Armed robbery  
   3. Employee pilferage  
   4. Customer theft  
   5. Other (Explain)  
   6. Lost in transit (Complete Item 14)  
11. If Armed Robbery, was anyone:  
   1. Killed?  
   Yes  
   No  
   2. Injured?  
   Yes (How many)  
   No  
12. Purchase value to registrant of Controlled Substances taken?  
   1. No  
   2. Yes (Est. Value)  
13. Were any pharmaceuticals or merchandise taken?  
   1. No  
   2. Yes (Est. Value)  
14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:  
   A. Name of Common Carrier  
   B. Name of Consignee  
   C. Consignee’s DEA Registration Number  
   D. Was the carton received by the customer?  
   Yes  
   No  
   E. If received, did it appear to be tampered with?  
   Yes  
   No  
   F. Have you experienced losses in transit from this same carrier in the past?  
   Yes (How Many)  
15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?  
16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.  
17. What security measures have been taken to prevent future thefts or losses?
<table>
<thead>
<tr>
<th>Trade Name of Substance or Preparation</th>
<th>Name of Controlled Substance in Preparation</th>
<th>Dosage Strength and Form</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples:</td>
<td></td>
<td></td>
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<tr>
<td>Desoxyn</td>
<td>Methamphetamine Hydrochloride</td>
<td>5 mg Tablets</td>
<td>3 x 100</td>
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<tr>
<td>Demerol</td>
<td>Meperidine Hydrochloride</td>
<td>50 mg/ml Vial</td>
<td>5 x 30 ml</td>
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<tr>
<td>Robitussin A-C</td>
<td>Codeine Phosphate</td>
<td>2 mg/cc Liquid</td>
<td>12 Pints</td>
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</tbody>
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature  
Title  
Date