



Type of Report: (check one box only)  New Report  Amendment Key (prior report dated): 

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1. If applicable, enter your DEA Registration Number or the Self Certify Certificate ID: 

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Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of the Theft or Loss (or first discovery of theft or loss): 

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 Number of Thefts and Losses in the past 24 months: \_\_\_\_\_

- Principle Business of Registrant:  Pharmacy  Practitioner/MLP  Hospital/Clinic  
 Manufacturer  Distributor  Teaching Institutions/Analytical Lab  
 Exporter  Importer
- Principle Business of Self Certifier:  Grocery/Superstore  Convenience Store  Specialty Food Store  
 Gas Station  Health/Personal Care Store  Mail Order Distributor  
 Merchandise/Department Store  Mobile Vendor  Other: \_\_\_\_\_

2. Type of theft or loss: (required)
- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Break-in/Burglary | <input type="checkbox"/> Employee Theft (or Suspected)    | <input type="checkbox"/> Hijacking of Transport Vehicle* | <input type="checkbox"/> Packaging Discrepancy          |
| <input type="checkbox"/> Robbery           | <input type="checkbox"/> Customer Theft (or Non Employee) | <input type="checkbox"/> Loss in Transit*                | <input type="checkbox"/> Disaster (fire, weather, etc.) |

3. Loss in Transit. (\*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)

Name of Common Carrier: \_\_\_\_\_

Telephone Number of Common Carrier: \_\_\_\_\_ Package Tracking Number: \_\_\_\_\_

Have there been losses in transit from this same carrier in the past?  No  Yes (If yes, how many, excluding this theft or loss?): \_\_\_\_\_

Was the package received and accepted by the consignee?  No  Yes (If yes, the consignee is responsible for reporting the theft or loss.)

If the package was accepted by the consignee, did it appear to be tampered with?  No  Yes

Name of Consignee / Supplier: \_\_\_\_\_

*Enter the Name of Consignee if (reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee). If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."*

DEA Registration Number of Consignee / Supplier: 

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*Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.*

4. If this was a robbery, were any people injured?  No  Yes (If yes, how many?): \_\_\_\_\_ Were any people killed?  No  Yes (If yes, how many?): \_\_\_\_\_

5. What is the total value of the chemicals stolen or lost?: \$ \_\_\_\_\_  
(This is the amount you paid for the chemicals, not the retail value.)

6. Was theft reported to Police?  No  Yes (If yes, fill out the following information):

Name of Police Department: \_\_\_\_\_ Police Report number: \_\_\_\_\_

Name of Responding Officer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

7. Which corrective measure(s) have you taken to prevent a future theft or loss?
- |  |  |
|--|--|
| <input type="checkbox"/> Installed monitoring equipment (e.g. video camera).         | <input type="checkbox"/> Provided security training to staff.            |
| <input type="checkbox"/> Increased employee monitoring (e.g. random drug tests).     | <input type="checkbox"/> Requested increased security patrols by Police. |
| <input type="checkbox"/> Installed metal bars or other security on doors or windows. | <input type="checkbox"/> Hired security guards for premises.             |
| <input type="checkbox"/> Secured Controlled Substances within safe.                  | <input type="checkbox"/> Terminated employee.                            |
| <input type="checkbox"/> Other: _____  |  |

**Report of Theft or Loss of Listed Chemical**

OMB No. 1117-0024 (Exp Date xx-xxxx) Previous editions are obsolete.

U.S. Department of Justice  
**Drug Enforcement Administration**  
Diversion Control Division



**LIST OF LISTED CHEMICALS**

DEA Transaction ID: \_\_\_\_\_

Trade Name of Listed Chemical	Chemical Code	NDC #	Name of Listed Chemical	Package Form	Total Quantity Lost or Stolen (MG or KG)
<b>Examples:</b>					
<b>Benzaldehyde</b>	<b>8256</b>	<b>N/A</b>	<b>Benzaldehyde</b>	<b>Drum</b>	<b>420 KG</b>
<b>Sudafed® 12-Hour</b>	<b>8112</b>	<b>50580-0670-20</b>	<b>Pseudoephedrine</b>	<b>Blister-packs</b>	<b>28,800 MG</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
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10.					
11.					
12.					
13.					
14.					
15.					
16.					

Enter remarks, if required. Describe how theft or loss occurred. Attach a separate sheet, if necessary:

Express Quantity  
in  
MG or KG

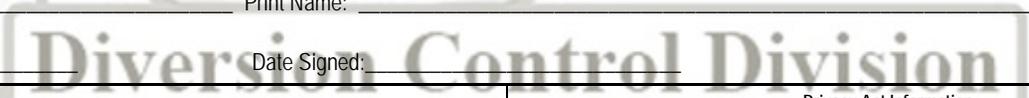
The foregoing information is correct to the best of my knowledge and belief: By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 107 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_



**NOTICE:** In accordance with the paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**WARNING:** Failure to report theft or loss of Listed Chemicals is unlawful under 21 USC 842(a)(5) and may result in penalties under 21 USC 842(c) of the Controlled Substances Act. 21 USC 843(a)(4)(A) states that any person who knowingly or intentionally furnishes false or fraudulent information in any report is subject to a term of imprisonment of not more than 4 years, and a fine of not more than \$30,000 or both.

**Privacy Act Information**

**AUTHORITY:** Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

**PURPOSE:** Report theft and loss of Controlled Substances.

**ROUTINE USES:** The Controlled Substance Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

**EFFECT:** Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.