State of New Hampshire Board of Pharmacy
Office of Professional Licensure & Certification
7 Eagle Square - Concord, NH 03301
Tel.: (603) 271-2152 | Website: www.oplc.nh.gov/board-pharmacy

NEW HAMPSHIRE CONTROLLED DRUG LOSS FORM

NH Pharmacy Rule Ph 703.03 requires the pharmacist-in-charge or pharmacist on duty report any theft or significant controlled substance loss within 1-business day to the Board of Pharmacy. Complete both pages of this form and submit to Board via mail to address listed above (attention Pharmacy Enforcement) or email to **Pharmacy.Compliance@oplc.nh.gov** **(PLEASE NOTE: Faxes are no longer accepted)**

☐ Initial Report of Loss ☐ Final / 30-Day Report on Loss

☐ Revision to Initial Report of Loss – Date Initial Report Sent To Board: _____

Name & Address of Pharmacy	NH Pharmacy Permit Number
	DEA Number
	Pharmacy Phone Number

Name of Pharmacist-In-Charge:	Name of Pharmacy District Manager:

Date of Loss	Number of Losses by Pharmacy In Past 2 Years	**Type of Theft or Loss:**
		☐ Night Break-In ☐ Customer Theft ☐ Lost In Transit ☐ Armed Robbery ☐ Employee Theft ☐ Misfill / Overfill / Miscount ☐ Shortage in Mft / Supplier Bottle ☐ Spillage / Accidental Disposal / Destruction ☐ Residual Viscous Liquid from Stock Bottle Unrecoverable or Liquid Measurement Issue

Describe Reason (or Suspected Reason) for Loss (Field Cannot Be Left Blank or Marked N/A):

If armed robbery, was anyone:	Value of Drugs Lost / Stolen
Killed? ☐ No ☐ Yes – How Many? _ _	
Injured? ☐ No ☐ Yes – How Many? _____	$ _____

What security measures have been taken to prevent future thefts or losses?

If Drugs Lost In Transit, Complete the Following: ↓

Name of Common Carrier:	Name of Consignee	Consignee DEA #
Was the carton received by the customer?	**Did the carton appear to be tampered with?**	**Have you experienced a loss with this carrier before?**
☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

For Board Office Use Only:	Initials of CCI / BA
☐ NFA ☐ CI Follow-Up Required ☐ Immediate Action Required by Compliance	

↓ Form Continued On Next Page ↓

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Trade Name of Drug	Name of Controlled Substance Involved	Dosage Strength & Form	NDC #	Quantity
Example: *Robitussin AC*	Example: *Codeine Phosphate*	Example: *2 mg/ml liquid*	Example: *00121-0775-16*	Example: 12 pints

I certify that the foregoing information is correct to the best of my knowledge and belief.

Printed Name of Pharmacist Submitting Form:_____

NH Pharmacist License #: _

Best Tel. # for Board Staff to Contact You with Questions: _____

Certified By: _____ Date:_____

Signature of Pharmacist