



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-4980  
Phone: 603-271-2152

**NEW HAMPSHIRE BOARD OF PHARMACY**  
**Controlled Drug Loss Form**

NH Pharmacy rules require the pharmacist-in-charge or on duty to report any theft or significant controlled substance loss within 1-business day to the Board of Pharmacy. Complete this form in its entirety and submit to the Board via mail to the address listed above (Attn. Pharmacy Enforcement) or email to [Pharmacy.Compliance@oplc.nh.gov](mailto:Pharmacy.Compliance@oplc.nh.gov).

<input type="checkbox"/> Initial Report of Loss		<input type="checkbox"/> Final / 30-Day Report on Loss
<input type="checkbox"/> 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: <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Night Break-In</div><div style="width: 33%;"><input type="checkbox"/> Customer Theft</div><div style="width: 33%;"><input type="checkbox"/> Lost In Transit</div><div style="width: 33%;"><input type="checkbox"/> Armed Robbery</div><div style="width: 33%;"><input type="checkbox"/> Employee Theft</div><div style="width: 33%;"><input type="checkbox"/> Misfill/Overfill/Miscount</div><div style="width: 33%;"><input type="checkbox"/> Shortage in Mft / Supplier Bottle</div><div style="width: 33%;"><input type="checkbox"/> Spillage/Accidental Disposal/Destruction</div><div style="width: 33%;"><input type="checkbox"/> Residual Viscous Liquid from Stock Bottle Unrecoverable or Liquid Measurement Issue</div></div>
Describe Reason (or Suspected Reason) for Loss (Field <u>Cannot</u> Be Left Blank or Marked N/A): _____ _____		
If armed robbery, was anyone:  Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____  Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____		VALUE OF Drugs Lost/Stolen:  \$ _____
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?  <input type="checkbox"/> No <input type="checkbox"/> Yes	Did the carton appear to be tampered with?  <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you experienced a loss with the carrier before?  <input type="checkbox"/> No <input type="checkbox"/> Yes

For Board Office Use Only:			
<input type="checkbox"/> NFA	<input type="checkbox"/> CI Follow-Up Required	<input type="checkbox"/> Immediate Action Required by Compliance	Initials of CCI/BA _____

### NH controlled Drug Loss Form Continued

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

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 Telephone # for Board Staff to Contact Pharmacist Submitting Form:

\_\_\_\_\_

Certified By: \_\_\_\_\_

Signature of Pharmacist

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