



 $\label{eq:completed} \textbf{Protected A} \text{ when completed}$ Controlled Substances and Cannabis Branch March 2020

| Loss or theft report form for cannabis Fields identified with an asterisk (*) are mandatory. | | | | | | | Controlled Substances and Cannabis Branch File No. | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------|------------------------------------|----|-------------------------|------------------|----------------------------------------------------------|------------------|--|
| 1. Name of organization or individual* | | | Type of repo | rt | | | 2. Date of dis | covery* | |
| CRA business number | | New Amendment | | | | | | | |
| 3. Street* City* | | | Province* Postal code* | | | 4. Telephone* | | | |
| 5. Type of regulated party* | | | | | | | | | |
| 6. Type of loss or theft* | | If other, specify | | | | | | | |
| 7. Has this been reported to the police? | | Name of police service | | | | | | | |
| Yes No Date reported : | | Incident number | | | Telep | Telephone number | | | |
| | | Name of investigating officer | | | | | | | |
| | mail of investi | tigating officer | | | | | | | |
| 8. For loss or theft in transit Name of transport company? | | | Investigation report re Yes No | | | | ceived for loss or theft in transit? | | |
| List of cannabis lost or stolen | | | | | | | | | |
| 9. The brand name of the product as it appears on the container or in inventory reports. If the brand name is unknown, a generic name of the product along with the name of the producer should be listed. | | | 10. Class of cannabis | | 11. Unit of measurement | | 12. Quantity | 13. DIN or Lot # | |
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| * Please indicate if a separate page is attached – Yes No | | | | | | | | | |
| Please attach the following as separate pages | | | | | | | | | |
| 14. Details of loss or15. Description of ph16. Description of se17. Summary of the | nysical security recurity recurity measures | neas s put | sures in place t in place to pr | | ŕ | | | | |
| 18. Name and title of official reporting loss | | | or theft* (printed) | | | | Licence number | | |
| Signature* | | | Date* | | Email addr | ess | | | |