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Loss or Theft Report Form for Controlled Substances, Precursors and Cannabis

Office of Controlled Substances / Office of Medical Cannabis
 File No.

| | | | | | |
|---|--|---|--|----------------------|--|
| 1. Name of Establishment CRA Business Number | | Type of Report: New Amendment | | 2. Date of Discovery | |
|---|--|---|--|----------------------|--|

| | | | | |
|-----------|------|----------|-------------|--------------|
| 3. Street | City | Province | Postal code | 4. Telephone |
|-----------|------|----------|-------------|--------------|

5. Type of Establishment

6. Type of Loss or Theft If "Other", specify

| | | |
|--|---------------------------------|------------------|
| 7. Has this been reported to the police? Yes No Date reported to Police : | Name of Police Service | |
| | Incident number | Telephone number |
| | Name of Investigating officer | |
| | E-mail of Investigating officer | |

| | | |
|---|---------------------------------|-----------|
| 8. For loss in transit Name of transport company | Investigation Report Received ? | Yes No |
|---|---------------------------------|-----------|

List of controlled substances, precursors and/or cannabis lost or stolen

| 9. Trade name and unit strength. If no trade name exists, the generic or other product name and the name of the manufacturer. | 10. Dosage form if applicable. | 11. Unit of Measurement | 12. Quantity | 13. DIN/ NPN 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 or theft discovery (including occurrence date if known)
 - 15. Description of physical security measures in place (for Licensed Dealers, if different than on file with the Authorization Division at the Office of Controlled Substances)
 - 16. Description of security measures put in place to prevent future loss or theft
 - 17. Summary of the report submitted to the Police

| | |
|--|-----------------|
| 18. Name and title of official individual reporting loss or theft (printed): | Licence number: |
|--|-----------------|

| | | |
|-------------|--------|----------------|
| Signature : | Date : | Email Address: |
|-------------|--------|----------------|