



## Loss or Theft Report Form for Controlled Substances and Precursors

In order to fill out and submit this report, please download and open in a PDF reader.

All required fields are marked with an asterisk \*

### 1. Type of Report Being Submitted

Type of Report *	Indicate if supplementary information is attached Yes No
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### 2. Site Information

Name of the site where the incident took place *		Telephone Number *	Ext.
Address of the site where the incident took place *	City *	Prov./Terr. *	Postal Code *
Type of Site *			
Licence Number of Site (if applicable)		Canada Revenue Agency Business Number (if applicable)	

### 3. Incident Information

Date of Discovery *	Reported to the Police? *	Incident in Transit? *	Is this report submitted following an inspection? *
	Yes No	Yes No	Yes No
Type of Loss or Theft *	Details of Loss or Theft Discovery (if applicable)		

### 4. Police Report and Incident In Transit

Date reported to Police	Name of the Police Service	Incident Number
Name of the Transit Company		Tracking Number
You were the:	Name of the Other Company:	

