

Office of Controlled Substances Controlled Substances and Cannabis Branch **Protected A** When completed August 2022

Loss or Theft Report Form for Controlled Substances and Precursors

Instead of this form, try using the <u>Health Canada E-Services Portal</u> to easily and conveniently complete a report Consult the <u>Guidance Document (CS-GD-005)</u> for more information on reporting loss or theft

All required fields are marked with an asterisk *

Report Summary								
Date of Submission of This Repor	t Type of Report *		Date of Submission of Initial Report (if amendment)					
1. Submitter Information								
First Name *	Last Name *	Ema	il Address *		Telephone	Number		
Professional Title *		If Other, please	specify:	Licence	/ Registrat	ion Number		
2. Site Information								
Legal Entity Name *	gal Entity Name * Site Name							
Type of location *			If Other, please specify:					
Canada Revenue Agency Business Number		Site Licence	Site Licence Number		Telephone Number * Extensio			
Municipal Address *								
City *	Prov	vince/Territory *	Postal Code *	Email Address				
3. Incident Details								
Date of Discovery * Incident S	ub-Type *	ype * If Other, please specify:						
Has this incident been reported to police? * Did the incident occur in trail		nt occur in transi	!? *	Are you reportir result of a Heal	e you reporting this incident as a sult of a Health Canada inspection? *			
Yes No (If Yes, please complete row A below) Yes No (If Yes, please com		nplete row B below)		O Yes O No				
A. Date reported to Police	Name of Police	e Service		Incident Numbe	er			
B. For in transit incidents, you were Name of the Transit		ransit Company	ompany and/or other party Shipping or Tracking		cking Num	ber		



Details of Discovery
Please provide details of how the loss or theft occurred and/or was discovered, as available. It is preferred that the explanation be as
detailed and accurate as possible.

DIN/NPN	ame of Raw Material or Product (Brand or Generic) and Strength* Quantity *		tity *	Dosage Form *		
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5. Preventative Measure

Please provide a description of any security measures you will be putting in place to prevent future loss or theft incidents at your site.

6. Review

By submitting a report, you agree to the following declarations: I hereby declare that I am familiar with the provisions of the <u>Controlled Drugs and Substances Act (CDSA)</u> and its regulations that apply to my report; I hereby declare that all the information I am submitting is, to the best of my knowledge, true, accurate, current, and complete; I understand that it is considered fraud to knowingly submit false or misleading information.

Save and attach this report in an email to ocs.reporting-rapporter.bsc@hc-sc.gc.ca.

Privacy Notice

The collection of your personal information is authorized under the *Controlled Drugs and Substances Act* (CDSA). The information you provide to Health Canada is governed in accordance with the *Privacy Act*. This information will be used to process your report under the CDSA and its regulations and may be used for research, planning, reporting, audit or evaluation purposes. In limited and specific situations, your personal information may be disclosed without your consent to law enforcement or in accordance with subsection 8(2) of the *Privacy Act*.

This personal information collection is described in Info Source, available online at www.oic-ci.gc.ca/en/info-source. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Access to Information and Privacy Coordinator at atip-aiprp@hc-sc.gc.ca. You also have the right to file a complaint with the Office of the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

