

**CONTROLLED SUBSTANCE
LOSS / INCIDENT OF DIVERSION REPORT
to
Director of Environmental Health and Safety or
Director of Compliance**

****MAKE IMMEDIATE VERBAL REPORT****

IDENTIFICATION

Name of Custodian:

Date of Loss or Diversion:

Location and Telephone:

EVENT DESCRIPTION

(check all that apply)

Night break-in

Employee Theft

Robbery

Employee Use

weapon used

Other _____

person(s) injured

Unexplained Absence

CONTROLLED SUBSTANCE

Name:

Dosage Strength and Form:

Amount:

Purchase Value:

RECOMMENDED MODIFICATION OF PRACTICES

None.

Cabinet

Room/building

Human Access

Records

Other

describe: _____

CERTIFICATION AND ACKNOWLEDGEMENT

I certify and acknowledge that the information submitted on this report is accurate and complete to the best of my knowledge and belief.

Signature of Custodian

Date

ATTACH COPY OF CONTROLLED SUBSTANCE CUSTODY RECORD