

REPORT OF THEFT OR LOSS OF PRECURSOR SUBSTANCES

Iowa Law requires submission of a detailed report of any theft or loss of Precursor Substances to the Iowa Board of Pharmacy.

Complete the front and back of this form in duplicate. Retain the duplicate copy for your records.

Submit the original report to: Iowa Board of Pharmacy, 400 S.W. Eighth Street, Suite E, Des Moines, IA 50309-4688.

1. Name and Address of Vendor/Recipient (include street address and zip code)	2. Telephone (include Area Code)
---	----------------------------------

3. Iowa Permit No. (if applicable)	4. Date of Theft/Loss	5. Reporting Vendor is: (check one) <input type="checkbox"/> Recipient Vendor <input type="checkbox"/> Provider Vendor
------------------------------------	-----------------------	--

6. Was Theft Reported to Police? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Name, Address, Telephone No. of Police Dept. (include Area Code)
--	---

8. Number of Thefts or Losses of Precursor Substances experienced in the past 24 months:

9. Type of Theft or LOSS (Check one and complete items below as appropriate)

Night Break-in

Customer Theft

Armed Robbery

Other (Explain) _____

Employee Pilferage

Lost in Transit (Complete Item 13)

10. If Armed Robbery, was anyone: Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____	11. Purchase value to Vendor of Precursor Substances taken \$ _____	12. Were pharmaceuticals or merchandise taken? <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$ _____
--	---	--

13. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier	B. Name of Consignee	C. Consignee's Iowa Permit No. (if applicable)
---------------------------	----------------------	---

D. Was the carton received by the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this carrier in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____
--	---	--

14. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the Precursor Substances?

15. What security measures have been taken to prevent future thefts or losses?

CONTINUE ON REVERSE

LIST OF PRECURSOR SUBSTANCES LOST/STOLEN

Name of Substance	Form of Substance (e.g. powder, liquid)	Quantity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

I hereby swear under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief.

Signature of Authorized Individual

Title

Date