

Article 33 of the New York State Public Health Law requires that all losses of controlled substances be reported promptly. A copy of the report must be maintained for five years in accordance with Section 3370 of the Public Health Law.

This form is to be used to report all losses of controlled substances due to diversion (unknown, suspected, or possible).
The completed form must be sent to:

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF NARCOTIC ENFORCEMENT
RIVERVIEW CENTER
150 BROADWAY
ALBANY, NY 12204
PHONE (866) 811-7957**

CENTRAL OFFICE USE ONLY	
Incident Number _____	
Reviewed by _____	
Date ____/____/____	<input type="checkbox"/>
Referred for Investigation	

A. Report Information	
1. Business Name	3. Telephone Number ()
2. Business Address	4. Article 33 License Number
City State Zip	5. DEA Number (if applicable)
County	Person Completing Report
Business Type : <input type="checkbox"/> Pharmacy <input type="checkbox"/> Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Vet <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Methadone Program <input type="checkbox"/> Other (specify) _____	
B. Incident Description	
1. Date of Incident / /	3. Incident Type: <input type="checkbox"/> Theft <input type="checkbox"/> Armed Robbery <input type="checkbox"/> Employee <input type="checkbox"/> Burglary <input type="checkbox"/> Customer Pt. of entry _____ <input type="checkbox"/> Loss (unusable) <input type="checkbox"/> Missing <input type="checkbox"/> In-Transit Loss (complete Sec. C on page 2)
2. Time of Incident	
Reported to DEA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reported to Law Enforcement? <input type="checkbox"/> YES <input type="checkbox"/> NO	Agency _____ Telephone Number _____ Report Number _____ Copy Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Describe detailed circumstances. Attach additional pages as needed.	

Do not send broken glass as proof of breakage to this bureau, the manufacturer or distributor.

