# Working Instruction Form 5: Controlled Substance Theft/Loss or Incident Report

## Controlled Substance Theft/Loss Reporting:

If a registrant has a reasonable belief or suspicion that there has been (a) theft of any amount of a Controlled Substance; or (b) loss of a Controlled Substance, the event must be promptly reported to the following units:

* Emory University Environmental Health & Safety Office (EHSO)
* Emory Office of Research Integrity and Compliance (ORIC)
* Emory Police Department (EPD)
* U.S. Drug Enforcement Agency (DEA)
* Georgia Drug and Narcotics Agency (GDNA).
* Georgia Board of Pharmacy (GBP)

If there is doubt about whether a report should be made, err on the side of reporting. The contacts, correct forms and timetable for reporting are listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit Receiving Report** | **Contact Information** | **Form to Complete** | **Timetable** |
| **DEA** | Complete and submit at  https://www.deadiversion.usdoj.gov/21cfr\_reports/theft/ | DEA Form 106 online | Within one business day |
| **GDNA** | FAX form to (404) 651-8210. | Copy of DEA Form 106 | Within 48 hours of discovery |
| **GBP** | FAX Form to (470) 386-6137 | Copy of DEA Form 106 | Within 48 hours of discovery |
| **EPD** | **Chief Burt Buchtinec** to Fax (404) 727-3614 or via email at [BBUCHTI@emory.edu.](mailto:BBUCHTI@emory.edu) | Form 5 | Promptly upon discovery |
| **EHSO** | **Scott Thomaston**, Director Environmental Programs: (404) 727-1349: Fax – (404) 727-9778; Email [sthom07@emory.edu](mailto:sthom07@emory.edu) | Form 5 | Promptly upon discovery |
| **EPC: Maureen Thompson –** Health & Safety Officer, EPC: (404) 727-8012; Fax (404) 727-7197; Email [mthomp2@emory.edu](mailto:mthomp2@emory.edu) |
| **ORIC** | **Maria Davila**, ORIC Director, [maria.davila@emory.edu](mailto:maria.davila@emory.edu) | Form 5 | Promptly upon discovery |

## Recording a Controlled Substances Incident:

If an incident occurs with a controlled substance, such as overfill/underfill, that is not a reportable activity, the Registrant should document the incident. To display good recordkeeping practices, it is important to document each incident and file it in your drug binder. In the event of an agency audit, the Registrant must be able to display a clearly defined history of evidence that contributes to good recordkeeping, which is required by law.

* Fill out Form 5 with as much detail as possible.
* File Form 5 and any supplemental documentation in the drug binder.

# Form 5: Controlled Substance Theft/Loss or Incident Report

**Instructions:** This form should be completed if a discrepancy or an incident occurred with a controlled substance that was purchased by the Registrant. See instructions on proper reporting procedures.

**Name of registrant*:*** Click or tap here to enter text.

**DEA Number*:*** Click or tap here to enter text.

**Address listed on license*:*** Click or tap here to enter text.

**Type of Discrepancy**: Include *discrepancies noted that are potentially indicative of a loss or theft of Controlled Substances.*

Loss of Controlled Substances

Theft of Controlled Substances

Spill/Breakage of Dangerous Drug (Non-recoverable)

Other: Describe Click or tap here to enter text.

**Type of Incident:** *Does not need to be reported. Incident Reports should be filed in the drug binder.*

Overfill of Dangerous Drug

Underfill of Dangerous Drug

Spill/Breakage of Dangerous Drug (Recoverable)

Other: Describe Click or tap here to enter text.

**Date and Time of Discovery/Incident:** Click or tap here to enter text.

**Location where Discrepancy/Incident was Discovered:** Click or tap here to enter text.

**Name/Phone Number/Email of Person who Made Discovery:** Click or tap here to enter text.

***Name(s), Schedule(s), and form(s) of Controlled Substances involved****:* Click or tap here to enter text.

**Description of circumstances of discrepancy/incident***, e.g., evidence of attempted break-in; broken safety tab on container; evidence of missing containers or substances; discrepancy in inventory/audit; overfill/underfill of drug from manufacturer:*

Click or tap here to enter text.

**Names, titles and contact information of any persons involved in discrepancy and/or discovery or reporting of discrepancy/incident*:*** Click or tap here to enter text.

**Name/Title of Person Completing this Report:** Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click or tap to enter a date.