

Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances) cont'd

13. Answer Questions 13a and 13b if the drugs lost or stolen were required to be entered into a drug register. (If loss was due to break and enter, or armed robbery, or the drugs were lost in transit tick 'Not applicable').

Not applicable

13a. Date when the balance in the drug register was last known to be correct:

13b. Names of persons who had access to the missing drugs in the period from when the drug register balance was correct to when the loss was detected

14. Description of the *loss* or *theft* event (include details about the specific location, e.g. ward, unit)

15. What action was taken following the *loss* or *theft*?

16. Was the *loss* or *theft* reported to police?

No

Yes Name of Local Area Command:

Event No.:

17. Did police attend?

No

Yes Name of Police Officer:

Rank:

Badge No.:

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18. What steps have been taken to prevent future *loss* or *theft*?

19. Answer this question if the loss or theft occurred in a public health facility.

Has the incident been entered on IIMS?

No

Yes, specify Incident Number.

20. In submitting this form, I affirm that the information I have supplied is, to the best of my knowledge, true and accurate

Yes

No

Date:

For assistance contact Pharmaceutical Services during business hours on (02) 9391 9944. This form is designed to be completed electronically and must be submitted electronically by using the Submit Form button at the top of the form.