



Strength:

TLD/0424

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

The NSW Poisons and Therapeutic Goods Regulation 2008 requires persons who are authorised to be in possession of a drug of addiction (Schedule 8 substance) or a 'prescribed restricted substance' (Schedule 4 Appendix D substance) to immediately notify the Director-General of Health of any loss or theft of these drugs.

1. Is this an initial notification or a follow-up to an initial notification?: Initial Follow-up

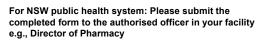
2. Details of person reporting loss or theft

Name:

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Name:						
Position:						
3. Details of Facility/Business						
Name:						
Address:						
LHD (For public health facilities only):						
4. Type of Facility/Business						
Hospital	Day Procedure Centre		Medical Practice	Community Pharmacy		
Nursing Home	Dental surgery	Othe	r, specify			
5. Sector: Public	Private					
6. Phone	7. Fax		8. Email			
9. Type of <i>loss</i> or <i>theft</i>						
Unaccountable loss	Unaccountable loss Lost in transit, specify Name of Carrier					
Other loss, specify						
Suspected theft	Break and enter		Armed robbery	Other theft		
10. Date and time the <i>loss</i> or <i>theft</i> was <u>detected</u>						
Date:	Date: Time:					
11. Date and time the loss or theft occurred (tick 'unknown' if applicable)						
Date:	Time:			Unknown		
12. Details of drug/s lost or stolen (attach Supplementary Page if more than 3 types of preparations involved)						
(1) Drug Name:			Specify 'other'			
Strength:	Form:			Quantity:		
(2) Drug Name:			Specify 'other'			
Strength:	Form:			Quantity:		
(3) Drug Name:			Specify 'other'			

Form:

Quantity:

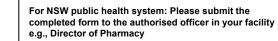




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Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances) cont'd

	Notification of 2033 of Their of Accountable Brugs (of and 042)	substances) cont u				
13. Answer Question break and enter	ns 13a and 13b if the drugs lost or stolen were required to be entered into a drug re r, or armed robbery, or the drugs were lost in transit tick 'Not applicable').	egister. (If loss was due to				
Not app	icable					
13a. Date wh	en 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	t)				
15. What action w	as taken following the <i>loss</i> or <i>theft</i> ?					
16. Was the <i>loss</i> of	or theft reported to police?					
No						
Yes	Name of Local Area Command:					
	Event No.:					
17. Did police attend?						
No						
Yes	Name of Police Officer:					
163	Name of Folioc Officer.					
	Rank:	Badge No.:				





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Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances) cont'd					
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 ente	red on IIMS?				
No Ye	es, specify Incident Number	:			
20. In submitting this form, I affirm that the informati		I have supplied is, t	to the best of	Date:	
my knowledge, true and accura	ccurate	Yes	No		
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.					