



Loss or Theft Report Form for Controlled Substances and Precursors

Instead of this form, try using the [Health Canada E-Services Portal](#) to easily and conveniently complete a report
Consult the [Guidance Document \(CS-GD-005\)](#) for more information on reporting loss or theft

All required fields are marked with an asterisk *

Report Summary			
Date of Submission of This Report	Type of Report *	Date of Submission of Initial Report (if amendment)	
1. Submitter Information			
First Name *	Last Name *	Email Address *	Telephone Number
Professional Title *	If Other, please specify:		Licence / Registration Number
2. Site Information			
Legal Entity Name *		Site Name	
Type of location *		If Other, please specify:	
Canada Revenue Agency Business Number	Site Licence Number	Telephone Number *	Extension
Municipal Address *			
City *	Province/Territory *	Postal Code *	Email Address
3. Incident Details			
Date of Discovery *	Incident Sub-Type *	If Other, please specify:	
Has this incident been reported to police? *	Did the incident occur in transit? *	Are you reporting this incident as a result of a Health Canada inspection? *	
Yes No (If Yes, please complete row A below)	Yes No (If Yes, please complete row B below)	O Yes O No	
A. Date reported to Police	Name of Police Service	Incident Number	
B. For in transit incidents, you were	Name of the Transit Company and/or other party	Shipping or Tracking Number	

