

## OVERVIEW OF DEA FORM-106

### Guide On How Information Should Be Recorded On DEA Form 106

Susan D. Baker Unit Chief, Regulatory Unit



#### REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

|  |                                  | es may also require a cop    | y of this report.                                    |   | La company de la |
|--|----------------------------------|------------------------------|--|---|--|
| Name and Address of Registrant (inc.   | clude ZIP Code)                  |                              | ZIP CODE   | 2. Phone N                                    | lo. (Include Area Code)  |
|  |                                  |                              |  |   |  |
| SV .   |                                  |                              |  |   |  |
| DEA Registration Number  |                                  | 4. Date of Theft or Loss     | 5. Principal Business                                | of Registrant (Chec                           | k one)   |
| 2 ltr. prefix 7 digit suff   | fix                              |                              | 1 Pharmac  |   | Distributor  |
|  |                                  |                              | 2 Practition 3 Manufact                              | 20150   | Methadone Program Other (Specify)  |
|  |                                  |                              | 4 Hospital/  | 10000000                                      | _ Other (Specify)  |
| County in which Registrant is     located     7.   | . Was Theft report<br>to Police? | ted 8. Name and Tel          | ephone Number of Police I                            | Department (Include                           | Area Code)   |
| 100 Table 100 Ta | to Police?                       |                              |  |   |  |
|  | Yes                              | No                           |  |   |  |
| <ol><li>Number of Thefts or Losses Registra<br/>has experienced in the past 24 months</li></ol>  | ant 10. Type of                  | Theft or Loss (Check one     | and complete items belo                              | w as appropriate)                             | *  |
|  | 1 Nig                            | ht break-in 3 🗌 8            | Employee pilferage                                   | 5 Other (                                     | Explain)   |
|  | 2 Arn                            | ned robbery 4 🔲              | Customer theft                                       | 6 Lost in t                                   | ransit (Complete Item 14)  |
| 11. If Armed Robbery, was anyone:  |                                  | 12. Purchase valu            | e to registrant of estances taken?                   | 13. Were any ph                               | narmaceuticals or  |
| Killed? No Yes (How man  | nv)                              | Controlled Sub               | stances taken?                                       | merchandise                                   | Yes (Est. Value)   |
| Injured? No Yes (How man   | 50                               | - s                          |  | s   | D (  |
| 14. IF LOST IN TRANSIT, COMPLETE   | 25/2-2                           |                              |  |   |  |
| A. Name of Common Carrier  |                                  | Name of Consignee            |  | C. Consignee's D                              | EA Registration Number   |
|  |                                  |                              |  | 177   |  |
|  |                                  |                              |  |   |  |
| 5 W  |                                  |                              |  |   |  |
| <ul> <li>D. Was the carton received by the cust</li> </ul>   | tomer?                           | If received, did it appear t | o be tampered with?                                  |   | rienced losses in transit<br>carrier in the past?  |
| ☐ Yes ☐ No   |                                  | □ Yes □                      | No   |   | Yes (How Many)   |
| 15. What identifying marks, symbols, o   | a adaa aadaa waa                 |                              |  |   |  |
| 15. What identifying marks, symbols, o   | ir price codes were              | on the labels of these co    | mamers that would assi-                              | st in identifying the                         | products?  |
|  |                                  |                              |  |   |  |
| <ol><li>If Official Controlled Substance Or</li></ol>  | der Forms (DEA-2                 | 222) were stolen, give nur   | nbers.   |   |  |
|  |                                  |                              |  |   |  |
| 17. What security measures have bee  | n taken to preven                | future thefts or losses?     |  |   |  |
| 11. That socially measures have bee  | in taken to proven               | ratare triend or leaded.     |  |   |  |
|  |                                  |                              |  |   |  |
|  |                                  |                              |  |   |  |
|  |                                  |                              |  |   |  |
| PRIVACY AC   | TINFORMATION                     |                              | In accordance with the                               | Paperwork Reduc                               | ction Act of 1995, no person   |
| AUTHORITY: Section 301 of the Controll   |                                  | t of 1970 (PL 91 513)        | required to respond to                               | a collection of info                          | rmation unless it displays a   |
| PURPOSE: Report theft or loss of Control   | olled Substances.                |                              | collection of information                            | n is 1117-0001. Pul                           | B control number for this<br>olic reporting burden for this  |
| ROUTINE USES: The Controlled Substa<br>special reports required for statistical:   |                                  |                              | collection of information<br>response, including the | in is estimated to a<br>ne time for reviewing | everage 30 minutes per<br>ing instructions, searching  |
| information from this system are made purposes stated:   |                                  |                              |  | gathering and mai                             | ntaining the data needed, an   |
| A. Other Federal law enforcement and   | regulatory agencie               | es for law enforcement       | completing and review                                | ing the collection o                          | i iliumation.  |
| and regulatory purposes.  B. State and local law enforcement and   | d regulatory agenc               | ies for law enforcement      |  |   |  |
| and regulatory purposes.   |                                  |                              | 7,0  |   |  |
| EFFECT: Failure to report theft or loss of   | controlled substa                | nces may result in           |  |   |  |
| penalties under Section 402 and 40   |                                  |                              |  |   |  |





| Enforcement Administration.   | a detailed report of any theft or                                  | loss of Controlled Substances                                     | to the Drug OMB APPROVAL                            |
|---|--|---|---|
| Complete the front and back of this form in triplic Retain the triplicate copy for your records. Some | cate. Forward the original and d<br>states may also require a copy | uplicate copies to the nearest of this report.                    |   |
| Name and Address of Registrant (include ZIP Cod   | de)  | ZIP CODE  | 2. Phone No. (Include Area Code)                    |
|   |  |   |   |
| DEA Registration Number   | 4. Date of Theft or Loss   | 5. Principal Business of Reg                                      | gistrant (Check one)                                |
| 2 ltr. prefix 7 digit suffix  |  | 1 Pharmacy 2 Practitioner 3 Manufacturer 4 Hospital/Clinic        | 5 Distributor 6 Methadone Program 7 Other (Specify) |
| 7. Was Theft r to Police?  Yes  | eported 8. Name and Tele   | phone Number of Police Depart                                     | ment (Include Area Code)                            |
| Number of Thefts or Losses Registrant as experienced in the past 24 months     1                      |  | and complete items below as a mployee pilferage 5 ustomer theft 6 | Other (Explain)  Lost in transit (Complete Item 14) |
| 2 🗌   |  |   |   |



## REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

- Date of Theft or Loss
- > Notifying Police
- > Number of Thefts
- > Type of Theft or Loss
- Purchase Value of the Controlled Substances
- Pharmaceuticals or Merchandise Taken



| A. Name of Common Carrier  | B. Name of Consignee  |  | C. Consignee's DEA Registration Number   |
|--|---|--|--|
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| D. Was the carton received by the customer?  | E. If received, did it appear to  | to be tampered with?   | F. Have you experienced losses in transit<br>from this same carrier in the past?   |
| Yes No   | ☐ Yes ☐   | No   | ☐ No ☐ Yes (How Many)  |
| 16. If Official Controlled Substance Order Forms   | (DEA-222) were stolen, give nun   | mbers.   |  |
| 17. What security measures have been taken to  | prevent future thefts or losses?  |  | -  |
| PRIVACY ACT INFORM  AUTHORITY: Section 301 of the Controlled Substan   | ATION nces Act of 1970 (PL 91-513). ances.  | required to respond to<br>valid OMB control nur<br>collection of informatio  | e Paperwork Reduction Act of 1995, no person is<br>a a collection of information unless it displays a ly<br>nber. The valid OMB control number for this<br>in is 1117-0001. Public reporting burden for this   |
| PRIVACY ACT INFORM  AUTHORITY: Section 301 of the Controlled Substan   | ATION  nees Act of 1970 (PL 91-513).  ances.  uthorizes the production of cal purposes. Disclosures of  | required to respond to<br>valid OMB control nur<br>collection of informatio<br>collection of informatio<br>response, including the<br>existing data sources, | a collection of information unless it displays a li<br>nber. The valid OMB control number for this   |
| PRIVACY ACT INFORM.  AUTHORITY: Section 301 of the Controlled Substance Policy of Controlled Substance Information from this system are made to the following the controlled Substances Act at the con | ATION  nces Act of 1970 (PL 91-513). ances. uthorizes the production of cal purposes. Disclosures of wing categories of users for the                 | required to respond to<br>valid OMB control nur<br>collection of informatio<br>collection of informatio<br>response, including the<br>existing data sources, | o a collection of information unless it displays a linber. The valid OMB control number for this in is 1117-0001. Public reporting burden for this on is estimated to average 30 minutes per the time for reviewing instructions, searching gathering and maintaining the data needed, and |
| PRIVACY ACT INFORM.  AUTHORITY: Section 301 of the Controlled Substance PURPOSE: Report theft or loss of Controlled Substance Act at special reports required for statistical and analytic information from this system are made to the follow purposes stated:  A. Other Federal law enforcement and regulatory   | ATION  Inces Act of 1970 (PL 91-513), ances, ances, ances, and purposes. Disclosures of wing categories of users for the agencies for law enforcement | required to respond to<br>valid OMB control nur<br>collection of informatio<br>collection of informatio<br>response, including the<br>existing data sources, | o a collection of information unless it displays a linber. The valid OMB control number for this in is 1117-0001. Public reporting burden for this on is estimated to average 30 minutes per the time for reviewing instructions, searching gathering and maintaining the data needed, an  |



## REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

### > Lost In Transit

- customer files if shipment is accepted by the customer
- supplier files if customer refuses shipment and returns it to supplier
- consignee's name & DEA registration is the supplier if customer is filing the DEA 106
- placement of controlled substances in a secure area after the receipt of a shipment & inventorying ensures that if internal pilferage takes place it would not be considered an in transit loss
- Number of In Transit Losses
- What Security Measures

|           | Nov. 2000) Pg. 2<br>of Substance or Preparation  | Name of Controlled Substance in Preparation  | Dosage Strength and Form | Quantity            |
|-----------|--|--|--------------------------|---------------------|
| imples:   | Desoxyn  | Methamphetamine Hydrochloride  | 5 mg Tablets             | 3 x 100             |
|           | Demerol  | Meperidine Hydrochloride   | 50 mg/ml Viai            | 5 x 30 ml           |
|           | Robitussin A-C   | Codeine Phosphate  | 2 mg/cc Liquid           | 12 Pints            |
|           |  |  |                          |                     |
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|           | I certify that the   | foregoing information is correct to the best of  | my knowledge and belief. |                     |
| Signature |  | Title  | Date                     |                     |



FORM DEA-106 (Nov. 2000) Pg. 2

### LIST OF CONTROLLED SUBSTANCES LOST

| Trade Name of Substance or Preparation | Name of Controlled Substance in Preparation | Dosage Strength and Form   | Quantity    |
|--|---|--|-------------|
| Examples: Desoxyn                      | Methamphetamine Hydrochloride               | 5 mg Tablets   | 3 x 100     |
| Demerol                                | Meperidine Hydrochloride                    | 50 mg/ml Vial  | 5 x 30 ml   |
| Robitussin A-C                         | Codeine Phosphate                           | 2 mg/cc Liquid   | 12 Pints    |
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| 23.                                    |   |  | z "maturati |
| 24.                                    |   |  |             |



## Back or Second Page of DEA-106

- Trade Name of Substance or Preparation
- > Name of Controlled Substance in Preparation
- Dosage Strength and Form
- Quantity



| 26.       |  |                             |     |
|-----------|--|-----------------------------|-----|
| 27.       |  |                             | 340 |
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| 49.       |  | Carl Carl                   |     |
| 50.       | W. N. 1992 Charlette or had the                                  |                             |     |
| Id        | certify that the foregoing information is correct to the best of | of my knowledge and belief. |     |
| Signature | Title  | Date                        |     |



## Lower Portion of Second Page

- > Signature
- > Title
- Date of Form





# TITLE 21 CODE OF FEDERAL REGULATIONS, PART 1301.74 (c)

- The registrant shall notify within the DEA within one business day of <u>discovery</u> of the theft or loss.
- All in-transit losses of controlled must be reported.
- > The registrant shall complete and submit a DEA Form 106.



# WHAT CONSTITUES A SIGNIFICANT (MEANINGFUL) LOSS

- The actual quantity of controlled substance lost in relation to the type of business.
- > The specific controlled substances lost.
- Whether the loss of the controlled substances can be associated with access to those controlled substances by specific individuals, or whether the loss can be attributed to unique activities that may take place involving the controlled substances.



# WHAT CONSTITUES A SIGNIFICANT (MEANINGFUL) LOSS

- A pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses; and if known;
- Whether the specific controlled substances are likely candidates for diversion;
- Local trends and other indicators of the diversion potential of the missing controlled substances.



### **DEA Diversion Contact Information**





For Additional Information

www.DEAdiversion.usdoj.gov or www.dea.gov



### **Comments & Questions?**

