



DRUG DISASTER & LOSS REPORT

NORTH CAROLINA BOARD OF PHARMACY

North Carolina General Statute 90-85.25 requires Pharmacist Managers to report to the Board within ten (10) days of an event, any disaster, accident, theft, or emergency that may affect the strength, purity, or labeling of drugs and devices in the pharmacy. Federal regulations require the reporting of any theft of Controlled Substances to the Drug Enforcement Administration.

Complete this form electronically and then click the "Submit by Email" button at the top right of this page. If you prefer, you may print the completed form and send to the *NC Board of Pharmacy, Attention: Investigations & Inspections, 6015 Farrington Road, Suite 201, Chapel Hill, NC 27517*. Please retain a copy with store records. If the reported event involves Controlled Substances, a completed DEA Form 106 may be attached to this form in lieu of Section II of this document.

If the event involves employee theft, please list the name, title (i.e. RPh, Technician, Cashier, etc.) and the appropriate license and/or registration number of all parties involved.

SECTION I

PHARMACY NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BOARD PERMIT NUMBER _____

PHARMACIST MANAGER'S NAME _____ LICENSE NUMBER _____

RETAIL PHARMACY HEALTH CARE FACILITY OTHER

DATE OF EVENT _____ TYPE OF EVENT _____

NUMBER OF REPORTABLE EVENTS EXPERIENCED IN PAST 24 MONTHS _____

IF EMPLOYEE THEFT WAS INVOLVED, LIST HERE THE NAME(s), TITLE(s), AND LICENSE/REGISTRATION #(s) OF ALL INVOLVED:

IF THE EVENT INVOLVED THE LOSS OF LEGEND DRUG PRODUCTS (INCLUDING CONTROLLED SUBSTANCES), LIST ALL EMPLOYEES WITH ACCESS TO THE PHARMACY IN THE SPACE BELOW. INCLUDE PHARMACISTS' AND TECHNICIANS' REGISTRATION NUMBERS.

SECTION II

LIST THE PRODUCTS INVOLVED IN THIS EVENT. ATTACH ADDITIONAL PAGES IF NEEDED.

DRUG NAME	DOSAGE STRENGTH & FORM	QUANTITY

GIVE A NARRATIVE OF THE EVENT TO INCLUDE MEASURES TAKEN TO PREVENT FUTURE OCCURRENCES. ATTACH ADDITIONAL PAGES IF NEEDED.

BY CHECKING THIS BOX, I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I AM THE INDIVIDUAL LISTED BELOW AND THAT I COMPLETED THIS FORM.

NAME _____

DATE _____