

Theft or Suspected Theft of Controlled Substances Investigation

The Kentucky Board of Pharmacy requests the following additional information be submitted when a permitted or licensed facility submits a copy of a DEA 106 form reporting theft or suspected theft of a controlled substance. This form and a copy of the DEA 106 form may be submitted via fax at 502-696-3806 or email to pharmacy.board@ky.gov.

Facility Permit #:

Facility Name:

PIC, if applicable:

Contact Person:

Title:

Other:

Phone Number:

Email Address:

Pharmacy Only:

Avg # Rx's per Day or Week:

% RX Controlled Substances:

of RPhs Scheduled/Day:

of Techs Scheduled/Day:

Local Law Enforcement:

Contact Name:

Phone # or Email Address:

Name of Suspected Person:

Job Title:

Full or Part Time:

Avg Hours/Week:

Length of Employment:

Last Day of Work:

Worked Other Locations:

Locations:

Interview Conducted:

Date of Interview:

Admission Statement:

If yes, please attach statement.

Description of Theft and Investigation:

