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	l Investigation:	

Date of Discovery:			
Loss Discovered by:			
Date Range of Loss:			
Audit Conducted:			
Date Range of Audit:			
List of Drugs and Strengths Audited			
List of Drugs and	Strengths Audited		
Changes Implemented after Suspected Theft and Continual Monitoring Procedures:			
Name and Signature of Person Completing the Form:			
I am electronically signing and verifying the information contained herein is true and accurate.			
Name and Title:			
Signature:			