



STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

**INSPECTION:
Pre-Opening
Form I-100**

INSPECTION INFORMATION

Facility Name: _____ Registration Number: _____

Inspector Name: _____ Date: _____

FACILITIES

- Yes No N/A Suitable size and construction to facilitate cleaning, maintenance, & proper operation
- Yes No N/A Adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, & security
- Yes No N/A Free from infestation by insects, rodents, birds, or vermin of any kind
- Yes No N/A Quarantine Area

STORAGE

- Yes No N/A Drugs stored per manufacturer

SECURITY

- Yes No N/A Secure from unauthorized entry
- Yes No N/A Alarm system
- Yes No N/A Controlled drugs locked

NECESSARY EQUIPMENT/LIBRARY

- Yes No N/A Reference material available
- Yes No N/A Access to KS Pharmacy Laws/Regulations
- Yes No N/A Necessary Equipment

COMMENTS