Kansas	**STATE BOARD OF PHARMACY** 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	INSPECTION: County Health/Family Planning/ Health Center/Indigent Clinic Form I-11

INSPECTION INFORMATION

Facility Name: _____ Registration Number: _____

Date: _____

Clear Answers

GENERAL INFORMATION

Facility Type:

☐ Family Planning (not-for-profit) ☐ Federally Qualified Health Center

☐ Health Department ☐ Indigent Clinic or Mental Health Center

◯ Yes ◯ No ◯ N/A Registration(s) displayed: State & DEA—K.S.A. 65-1645(e)

DEA Number: _____

Pharmacist in Charge/Practitioner: _____

◯ Yes ◯ No ◯ N/A Policy and Procedures—K.A.R. 68-7-18(b)(1)(B)

◯ Yes ◯ No ◯ N/A Recall procedure in Policy and Procedures—K.A.R. 68-7-18(b)(1)(D)

◯ Yes ◯ No ◯ N/A Documentation of quarterly reports (all areas in facility)—K.A.R. 68-7-18(b)(1)(C)

◯ Yes ◯ No ◯ N/A Duration of Record Keeping—K.S.A. 65-1642(b)(c)(3)

◯ Yes ◯ No ◯ N/A Out-Patient Distribution Log—K.A.R. 68-7-18(c)(1)

◯ Yes ◯ No ◯ N/A Physician's order maintained in permanent patient file—K.A.R. 68-7-18(c)(1)(A)

FACILITIES

◯ Yes ◯ No ◯ N/A Facility clean, well-lit, etc.—K.S.A. 65-625 & K.S.A. 65-656(o)

◯ Yes ◯ No ◯ N/A Drugs stored per manufacturer—K.A.R. 68-7-18(b)(1)(B)

◯ Yes ◯ No ◯ N/A No outdated, mislabeled, or adulterated drugs—K.S.A. 65-1634 & K.S.A. 65-657(a)(b)

◯ Yes ◯ No ◯ N/A No controlled (scheduled) substances on the premises—K.A.R. 68-7-18(a)

SECURITY

◯ Yes ◯ No ◯ N/A Medication security—K.A.R. 68-7-18

PRESCRIPTION LABELS—K.A.R. 68-7-18(c)(2) & K.A.R. 68-7-14

◯ Yes ◯ No ◯ N/A Name, address, & phone number of facility

◯ Yes ◯ No ◯ N/A Name of prescriber or PA/APRN & doctor

◯ Yes ◯ No ◯ N/A Full name of patient

◯ Yes ◯ No ◯ N/A Identifying number of supply

◯ Yes ◯ No ◯ N/A Date supply distributed

◯ Yes ◯ No ◯ N/A Adequate directions for use

◯ Yes ◯ No ◯ N/A Beyond Use Date

Revised 04/17

◯Yes ◯No ◯N/A Brand name or generic name of the drug

◯Yes ◯No ◯N/A Name of manufacturer or distributor

◯Yes ◯No ◯N/A Strength of drug

◯Yes ◯No ◯N/A Quantity dispensed

◯Yes ◯No ◯N/A Auxiliary labels if needed

Labeling completed by: _____

PREPACKAGING/REPACKAGING—K.A.R. 68-7-18(b)(3)

◯Yes ◯No ◯N/A Child proof packaging—FDA Poison Prevention Packaging Act

Labels for prepackaged—K.A.R. 68-7-18(b)(2)

◯Yes ◯No ◯N/A Brand name or generic name with manufacturer and distributor's name

◯Yes ◯No ◯N/A Strength and quantity

◯Yes ◯No ◯N/A Lot number, date repackaged, and person responsible for repackaging or suitable record if not on label

◯Yes ◯No ◯N/A Expiration date

COMMENTS