



**STATE BOARD OF PHARMACY**

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

**INSPECTION:  
Institutional Drug Room  
Form I-12**

**INSPECTION INFORMATION**

Institution Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_

**GENERAL INFORMATION**

Facility Type:

- Business/employer    Correctional/Jail    Inpatient Hospice  
 Institution of higher learning (university/college)    Juvenile detention  
 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 & procedures—K.A.R. 68-7-21(b)(2)  
 Yes    No    N/A   Documentation of quarterly review—K.A.R. 68-7-21(b)(3)  
 Yes    No    N/A   Duration of record keeping—K.S.A 65-1642(b)(c)(3) & K.A.R. 68-20-16a  
 Yes    No    N/A   Patient dispensing log—K.A.R. 68-7-21(c)(1)

**FACILITIES**

- Yes    No    N/A   Facility clean, well-lit, etc.—K.S.A. 65-625 & 65-656(o)  
 Yes    No    N/A   Drugs stored per manufacturer—K.A.R. 68-7-21(b)(2)  
 Yes    No    N/A   No outdated, mislabeled, or adulterated drugs—K.S.A. 65-1634 & K.S.A. 65-657(a)(b)

**SECURITY**

- Yes    No    N/A   Medication security—K.A.R. 68-7-21  
 Yes    No    N/A   Controlled substances locked or dispersed—K.A.R. 68-20-15a & 21 C.F.R. 1301.71 & 1301.75

**REVIEW OF INVENTORY & INVOICE RECORDS**

- Yes    No    N/A   Annual Inventory of controlled substances—K.A.R. 68-20-16  
Date: \_\_\_\_\_  
 Yes    No    N/A   C-II inventory filed separately—K.A.R. 68-20-16  
 Yes    No    N/A   C-II invoices filed separately—K.A.R. 68-20-16  
 Yes    No    N/A   DEA 222 forms completed—21 C.F.R. 1305.12(e)  
 Yes    No    N/A   DEA 222 forms for C-II transfers—K.A.R. 68-20-17  
 Yes    No    N/A   Controlled Substance Ordering System in lieu of above  
 Yes    No    N/A   Power of attorney—21 C.F.R. 1305.07



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**C-V Pseudoephedrine sales—K.S.A. 65-1643(j)**

If on a college/university campus, verify if they perform OTC sales of pseudoephedrine or C-V cough syrups.

If they do:

- Yes  No  N/A Report pseudoephedrine sales to NPLeX
- Yes  No  N/A Log book for C-V cough syrups
- Yes  No  N/A Correct ID for either

**REVIEW OF PRESCRIPTION FILES - Of those observed**

- Yes  No  N/A Files (C-II separate)—21 C.F.R. 1304.04(h) & K.A.R. 68-20-16(a)
- Yes  No  N/A Scheduled: no preprinted blanks—K.A.R. 68-20-18(c)
- Yes  No  N/A C-II properly canceled—K.A.R. 68-20-19(e)
- Yes  No  N/A Controlled substances not filled past expiration—K.A.R. 68-20-19 & K.A.R. 68-20-20
- Yes  No  N/A Strict conformity—K.S.A. 65-1637(a)
- Yes  No  N/A Proper substitution—K.S.A. 65-1637(a)(4) & K.S.A. 65-657(o)
- Yes  No  N/A APRN/PA supervising doctor—K.S.A. 65-28a08(d) & K.S.A. 65-1130(d)

**PRESCRIPTION LABELS—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
- Yes  No  N/A Full name of patient
- Yes  No  N/A Prescription number
- Yes  No  N/A Date filled or refilled
- Yes  No  N/A Adequate directions for use
- Yes  No  N/A Beyond Use Date
- 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
- Yes  No  N/A Child proof packaging—FDA Poison Prevention Packaging Act



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**PREPACKAGING/REPACKAGING—K.A.R. 68-7-15**

Yes  No  N/A Proper control system for recall purposes

**Labels—K.A.R. 68-7-16**

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

Yes  No  N/A Auxiliary labels if necessary

**COMMENTS**