



**STATE BOARD OF PHARMACY**

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

**INSPECTION:**  
Addiction or Treatment Center  
Form I-02ATC

**INSPECTION INFORMATION**

Facility Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Date: \_\_\_\_\_

**GENERAL INFORMATION**

- Yes  No  N/A Registrations displayed: State & DEA—K.S.A. 65-1645(e)  
DEA Number: \_\_\_\_\_  
Pharmacist in Charge Name: \_\_\_\_\_  
Practitioner Name: \_\_\_\_\_  
Administration by: \_\_\_\_\_ —21 C.F.R. 1301.74
- Yes  No  N/A Policy & procedures—K.A.R. 68-7-11(b)
- Yes  No  N/A Documentation of quarterly review—K.A.R. 68-7-11(e)
- Yes  No  N/A Duration of Record Keeping—K.S.A. 65-1642(b)(c)(3) & K.A.R. 68-20-16(a)
- Yes  No  N/A Out-patient dispensing log—K.A.R. 68-7-11(d)(2)(B) & K.A.R. 68-20-16(a)

**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.S.A. 65-1634  
Room Temperature: \_\_\_\_\_
- Yes  No  N/A No outdated, mislabeled, or adulterated drugs—K.S.A. 65-1634 & K.S.A. 65-657(a)(b)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 storage—K.A.R. 68-7-18(c)(2)
- Yes  No  N/A Controlled drugs locked—K.A.R. 68-20-15a & 21 C.F.R. 1301.71 & 1301.75
- Yes  No  N/A Documentation of variances and loss—21 C.F.R. 1304.24

**REVIEW OF INVENTORY AND 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 on file—K.A.R. 68-20-16
- Yes  No  N/A C-II invoices on file—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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**REVIEW OF MEDICATION FILES - Of those observed—21 C.F.R. 1304.24**

- Yes  No  N/A Administration record
- Yes  No  N/A Dispensing record
- Yes  No  N/A Patient record
- Yes  No  N/A Compound record

**LABELS—K.A.R. 68-7-14**

**Of those observed—K.A.R. 68-7-11(d)(2)**

- Yes  No  N/A Name, address, & phone number of facility
- Yes  No  N/A Name of prescriber or PA/APRN plus doctor
- 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

Labeling completed by: \_\_\_\_\_

**COMMENTS**