



STATE BOARD OF PHARMACY

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

**INSPECTION:
Ambulance
Form I-09**

INSPECTION INFORMATION

Ambulance Name: _____ Registration Number: _____

Date: _____

GENERAL INFORMATION

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

DEA Number: _____

Director: _____

Yes No N/A Policy and Procedures (including controlled substances)

Yes No N/A Duration of Record Keeping—K.S.A. 65-1642(b)(c)(3) & K.A.R. 68-20-16a

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Yes No N/A No outdated, mislabeled, or adulterated drugs—K.S.A. 65-1634 & K.S.A. 65-657(a)(b)

Yes No N/A Documentation of administration

Yes No N/A Documentation for partial quantities or wastes (2 signatures required)

Yes No N/A Incident reports for wrong dose or wrong drug

SECURITY

Yes No N/A Drugs stored per manufacturer (protection from extreme temperatures)—K.A.R. 68-15-4

Yes No N/A Controlled substances locked—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 & 21 C.F.R. 1301.71

Yes No N/A Controlled Substance Ordering System in lieu of above

Yes No N/A Documentation of current inventory level

Yes No N/A Loss or theft reported using DEA 106—21 C.F.R. 1301.76

Yes No N/A Power of Attorney—21 C.F.R. 1305.07

COMMENTS