



**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: \_\_\_\_\_

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Yes     No     N/A    No outdated, mislabeled, or adulterated drugs—K.S.A. 65-1634 & K.S.A. 65-657(a)(b)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



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- 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**