

STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056 INSPECTION: Distributor Form I-05

INSPECTION INFORMATION

Distributor Name:	Registration Number:	
Inspector Name:	Date:	
Facility Type:	C-Compliant N/I-Needs Improvement N/C-Not Compliant	
☐ Human Prescription Drugs	□ Animal Prescription Drugs U-Unassessed N/A-Not Applicable	
□ Oxygen/Medical Gases □ Medical Devices □ Nonprescription Drugs □ Dialysates—K.S.A. 65-1660 □ Other		
GENERAL INFORMATION		
Person(s) on duty:		
$\ \ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Registration(s) displayed—K.S.A. 65-1645(e) & K.A.R. 68-14-7(f)(5)	
$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	DEA number:	
PRACTICE SETTING		
Does the facility distribute oxy	rgen: □ Yes □ No	
If distributed, transfilled on site by facility: □ Yes □ No		
If yes, FDA registrat	on number: Date of last FDA inspection:	
If no, who transfills oxygen:		
FACILITIES		
$\ \ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Suitable size and construction to facilitate cleaning, maintenance, & proper operation	
K.A.R. 68-14-7(a)	(1)	
$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, & security	
—K.S.A. 65-656(m) & K.A.R. 68-14-7(a)(2)		
$\ \ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Quarantine area—K.A.R. 68-14-7(a)(3)	
\square C \square N/I \square N/C \square U \square N/A	Maintained in a clean and orderly condition—K.A.R. 68-14-7(a)(4)	
	Free from infestation by insects, rodents, birds, or vermin of any kind—K.A.R. 68-14-7(a)(5)	
\Box C \Box N/I \Box N/C \Box U \Box N/A	Drugs and devices stored per manufacturer—K.A.R. 68-14-7(c)	
$\square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Documentation of appropriate temperature—K.A.R. 68-14-7(c)(2)	
Room temperature:	<u>, </u>	
Refrigerator tempera	ture:	
Freezer temperature:		
\Box C \Box N/I \Box N/C \Box U \Box N/A	Establish, maintain and adhere to policy and procedures—K.A.R. 68-14-7(g)	
\Box C \Box N/I \Box N/C \Box U \Box N/A	Procedures for distribution of oldest approved stock first—K.A.R. 68-14-7(g)(1)	
\Box C \Box N/I \Box N/C \Box U \Box N/A	Procedure for handling recalls and withdrawing drugs and devices—K.A.R. 68-14-7(g)(2)	
\Box C \Box N/I \Box N/C \Box U \Box N/A	Procedure to prepare for, protect against and handle any crisis that affects security or operation of	



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facility—K.A.R. 68-14-7(g)(3) □ C □ N/I □ N/C □ U □ N/A Procedure for outdated, mislabeled, or adulterated drugs and devices to be removed from stock --K.S.A. 65-1634, K.S.A. 65-657(a), K.A.R. 68-14-7(e) & K.A.R. 68-14-7(g)(4) □ C □ N/I □ N/C □ U □ N/A Drugs and devices distributed to registered sources —21 C.F.R. 1301.74(a), K.S.A. 65-1643(c) & K.A.R. 68-14-7(g)(5) **SECURITY** □ C □ N/I □ N/C □ U □ N/A Secure from unauthorized entry—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-14-7(b)(1) □ C □ N/I □ N/C □ U □ N/A Alarm and security systems—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-14-7(b)(2) & (3) □ C □ N/I □ N/C □ U □ N/A Perimeter of premises well lighted—K.A.R. 68-17-7a(b)(1) □ C □ N/I □ N/C □ U □ N/A Controlled drugs locked—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-14-7(b)(4), K.A.R. 68-20-15a □ C □ N/I □ N/C □ U □ N/A Verification that persons or entities that transport on their behalf utilize processes to ensure product security—21 C.F.R. 1301.74 & K.A.R. 68-14-7(b)(5) **RECORDS** □ C □ N/I □ N/C □ U □ N/A Documentation of education, training & experience—K.A.R. 68-14-5 Maintain list of responsible persons to include duties and qualifications —K.A.R. 68-14-7(h) \square C \square N/I \square N/C \square U \square N/A \square C \square N/I \square N/C \square U \square N/A Documentation of examination of materials—K.A.R. 68-14-7(d) Oxygen prescriptions contain all required elements and are renewed annually—K.S.A. 65-1637 \square C \square N/I \square N/C \square U \square N/A Records of ALL transactions in the receipt and distribution of prescription-only drugs and devices \square C \square N/I \square N/C \square U \square N/A -K.A.R. 68-14-7(f) \square C \square N/I \square N/C \square U \square N/A Duration of record keeping—K.A.R. 68-20-16(a) & K.A.R. 68-14-7(f)(3) □ C □ N/I □ N/C □ U □ N/A Central record keeping—K.A.R. 68-14-7(f)(4) & 21 C.F.R. 1304.04(b)(3) Location: \square C \square N/I \square N/C \square U \square N/A Records readily retrievable—K.A.R. 68-14-7(f)(3) & (4) REVIEW OF INVENTORY AND INVOICE RECORDS □ C □ N/I □ N/C □ U □ N/A Drugs and devices distributed to registered sources —21 C.F.R. 1301.74, K.S.A. 65-1643(c), K.A.R. 68-14-7(f)(2) & K.A.R. 68-14-7(g)(5) \square C \square N/I \square N/C \square U \square N/A Inventories and records of all transactions—K.A.R. 68-14-7(f) \square C \square N/I \square N/C \square U \square N/A Annual inventory of controlled substances—K.A.R. 68-20-16 Date: \square C \square N/I \square N/C \square U \square N/A C-II inventory filed separately—K.A.R. 68-20-16

 \square C \square N/I \square N/C \square U \square N/A C-II invoices filed separately—K.A.R. 68-20-16

Page 2 of 3

□ C □ N/I □ N/C □ U □ N/A CIII-V invoices filed separately or readily retrievable—K.A.R. 68-20-16



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$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	DEA 222 forms completed—21 C.F.R. 1305.12 & 1305.13
$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	DEA 222 forms for C-II transfers—K.A.R. 68-20-17
$\ \ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Power of attorney—21 C.F.R. 1305.05
VETERINARY WHOLESALE	E DISTRIBUTORS—K.A.R. 68-14-8
$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Original prescriptions and written confirmations maintained on file for 5 years
$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Delivery personnel carry copies of prescriptions and written confirmations
$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Original prescriptions received within 72 hours for all written confirmations
$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Written confirmations taken directly from DVM and include: name of DVM, date and time verbal order
received, and name of person receiving the confirmation	
$\ \square \ C \ \square \ N/I \ \square \ N/C \ \square \ U \ \square \ N/A$	Prescriptions and written confirmations meet all requirements for a veterinary prescription
K.A.R. 70-7-1(I)&((m)
COMMENTS	