

**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: _____

Inspector Name: _____ Date: _____

GENERAL INFORMATION

Person(s) on duty: _____

Pharmacist in Charge: _____

C-Compliant N/I-Needs Improvement N/C-Not Compliant
U-Unassessed N/A-Not Applicable C N/I N/C U N/A Registration displayed—K.S.A. 65-1645(e) C N/I N/C U N/A DEA number: _____—21 C.F.R. 1301.11 C N/I N/C U N/A Narcotics dispensed or administered directly to patient—21 C.F.R. 1301.74(i) C N/I N/C U N/A Authorized licensed personnel dispensing or administering—21 C.F.R. 1301.74(i)

Dispensing and/or administration performed by: _____

FACILITIES C N/I N/C U N/A Facility clean, well lit, etc.—K.S.A. 65-656(m) & K.S.A. 65-1642(a) C N/I N/C U N/A Drugs stored per manufacturer—K.S.A. 65-1634

Room temperature: _____

Refrigerator temperature: _____

 C N/I N/C U N/A Outdated, mislabeled, or adulterated drugs have been removed from stock
—K.S.A. 65-1634 & K.S.A. 65-657(a) C N/I N/C U N/A Reference material available—K.S.A. 65-1642 & K.A.R. 68-2-12a C N/I N/C U N/A Access to current KS Pharmacy Laws/Regulations—K.S.A. 65-1642 & K.A.R. 68-2-12a C N/I N/C U N/A Policy & procedures—K.A.R. 68-7-11(b) C N/I N/C U N/A Necessary equipment and supplies—K.S.A. 65-1642 & K.A.R. 68-2-12a**SECURITY** C N/I N/C U N/A Medication storage—K.A.R. 68-7-11(b)&(d) C N/I N/C U N/A Controlled drugs locked—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-20-15a**RECORDS** C N/I N/C U N/A Documentation of quarterly review—K.A.R. 68-7-11(e) C N/I N/C U N/A Documentation of variances and loss—21 C.F.R. 1301.74 & 21 C.F.R. 1304.24 C N/I N/C U N/A Incident reports available C N/I N/C U N/A Initial notification and DEA 106 loss or theft reported to Board—K.A.R. 68-20-15b C N/I N/C U N/A Duration of record keeping—K.S.A. 65-1642(b)(c)(3) & K.A.R. 68-20-16(a)



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C N/I N/C U N/A Central record keeping—21 C.F.R. 1304.04(b)(3)

Location: _____

DISPENSING LOG—K.A.R. 68-7-11(d)(2)(B) & 21 C.F.R. 1304.24

- C N/I N/C U N/A Name of substance
- C N/I N/C U N/A Strength of substance
- C N/I N/C U N/A Dosage form
- C N/I N/C U N/A Date dispensed
- C N/I N/C U N/A Adequate identification of patient
- C N/I N/C U N/A Amount consumed
- C N/I N/C U N/A Amount and dosage form taken home by patient
- C N/I N/C U N/A Dispenser's initials

REVIEW OF INVENTORY AND INVOICE RECORDS

- C N/I N/C U N/A Annual inventory of controlled substances—K.A.R. 68-20-16
- Date: _____
- C N/I N/C U N/A C-II inventory filed separately—K.A.R. 68-20-16
 - C N/I N/C U N/A C-II invoices filed separately—K.A.R. 68-20-16
 - C N/I N/C U N/A CIII-V invoices filed separately or readily retrievable—K.A.R. 68-20-16
 - C N/I N/C U N/A Drugs received from registered sources—K.S.A. 65-1643(c)
 - C N/I N/C U N/A DEA 222 forms completed—21 C.F.R. 1305.13
 - C N/I N/C U N/A DEA 222 forms for C-II transfers—K.A.R. 68-20-17
 - C N/I N/C U N/A Controlled substance ordering system—21 C.F.R. 1305.21
 - C N/I N/C U N/A Power of attorney—21 C.F.R. 1305.05

LABELS—K.A.R. 68-7-14 & K.A.R. 68-7-11(d)(2)

- C N/I N/C U N/A Name, address, & phone number of the facility
- C N/I N/C U N/A Name of prescriber or PA/APRN plus doctor
- C N/I N/C U N/A Full name of patient
- C N/I N/C U N/A Identification number
- C N/I N/C U N/A Date dispensed
- C N/I N/C U N/A Adequate directions for use
- C N/I N/C U N/A Beyond-use date



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- C N/I N/C U N/A Brand name or generic name of the drug
- C N/I N/C U N/A Name of manufacturer or distributor
- C N/I N/C U N/A Strength of drug
- C N/I N/C U N/A Quantity dispensed
- C N/I N/C U N/A Auxiliary labels if needed
- C N/I N/C U N/A Child proof packaging—FDA Poison Prevention Packaging Act

COMMENTS

Self-Inspection