



STATE BOARD OF PHARMACY

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

**INSPECTION:
Distributor- Nonprescription
Form I-06**

INSPECTION INFORMATION

Distributor Name: _____ Registration Number: _____

Inspector Name: _____ Date: _____

GENERAL INFORMATION

Person(s) on duty: _____

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)

FACILITIES

C N/I N/C U N/A Drug products fully prepared by the manufacturer (commercial packaging)—K.A.R. 68-15-2(a)

C N/I N/C U N/A Products sold to vendors, not consumers, patients, or end users—K.A.R. 68-15-1 & 68-15-2

C N/I N/C U N/A Adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, & security
—K.S.A. 65-656(m)

C N/I N/C U N/A Free from infestation by insects, rodents, birds, or vermin of any kind
—K.S.A. 65-656(m) & K.S.A. 65-668(a)

C N/I N/C U N/A Drugs stored per manufacturer—K.A.R. 68-15-4

Room temperature: _____

Refrigerator temperature: _____

Freezer 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C N/I N/C U N/A Outdated, mislabeled, or adulterated drugs have been removed from stock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)

RECORDS

C N/I N/C U N/A Documentation of education, training & experience—K.A.R. 68-14-5

C N/I N/C U N/A Duration of record keeping—K.A.R. 68-20-16(a)

COMMENTS