



STATE BOARD OF PHARMACY

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

**INSPECTION:
Retail Dealer
Form I-10**

INSPECTION INFORMATION

Facility Name: _____ Registration Number: _____

Inspector Name: _____ Date: _____

GENERAL INFORMATION

Facility Types:

- Convenience Store Department Store Variety Store
- Farm and Ranch Front End of Pharmacy Health Food Store Supermarket Other

C-Compliant N/I-Needs Improvement N/C-Not Compliant
U-Unassessed N/A-Not Applicable

AREAS OF INSPECTION—K.S.A 65-1643(f) & K.A.R. 68-3-5

- C N/I N/C U N/A Permit posted
- C N/I N/C U N/A Only nonprescription, noncontrolled drugs
- C N/I N/C U N/A Prepackaged, fully prepared by manufacturer/distributor
- C N/I N/C U N/A Labeled according to FD&C Act
- C N/I N/C U N/A Stored according to manufacturer's recommendation
- C N/I N/C U N/A OTC products observed for sale are in date (not expired)

COMMENTS

SAMPLE