



STATE BOARD OF PHARMACY

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**INSPECTION:
Institutional Drug Room
Form I-12**

C N/I N/C U N/A Child proof packaging—FDA Poison Prevention Packaging Act

PREPACKAGING/REPACKAGING LABELS—K.A.R. 68-7-16

C N/I N/C U N/A Brand or generic name

C N/I N/C U N/A Name of manufacturer or distributor for generic drugs (may be kept in a repackaging log)

C N/I N/C U N/A Strength and quantity

C N/I N/C U N/A Lot number (may be kept in a repackaging log)

C N/I N/C U N/A Date repackaged (may be kept in a repackaging log)

C N/I N/C U N/A Person responsible for packaging (may be kept in a repackaging log)

C N/I N/C U N/A Expiration date

C N/I N/C U N/A Auxiliary labels if necessary

COMMENTS

Self-Inspection