



STATE BOARD OF PHARMACY

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

INSPECTION:
Durable Medical Equipment
Form I-16

INSPECTION INFORMATION

Facility Name: _____ Registration Number: _____

Date: _____

GENERAL INFORMATION

Facility Type:

Durable Medical Equipment Oxygen/Medical Gases

Yes No N/A Registration displayed: State

Person on duty: _____

Yes No N/A Policy and Procedures—K.A.R. 68-14-7(g)

To include: Recalls, rotation of stock, natural disasters, etc. See regulation for total list.

Yes No N/A Documentation of training, education, & experience—K.A.R. 68-14-5

Yes No N/A Duration of Record Keeping—K.S.A. 65-1642(b)(c)(3), K.A.R. 68-20-16a, & K.A.R. 68-14-7(f)(2)

FACILITIES

Yes No N/A Suitable size and construction to facilitate cleaning, maintenance, & proper operation—K.A.R. 68-14-7(a)(1)

Yes No N/A Adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, & security—
K.A.R. 68-14-7(a)(2) & K.S.A. 65-625 & 65-656(o)

Yes No N/A Free from infestation by insects, rodents, birds, or vermin of any kind—K.A.R. 68-14-7(a)(5)

Yes No N/A Quarantine Area—K.A.R. 68-14-7(a)(3)

STORAGE

Yes No N/A Drugs stored per manufacturer—K.S.A. 65-1634

Yes No N/A No outdated, mislabeled, or adulterated drugs—K.S.A. 65-1634 & K.S.A. 65-657(a)(b)

SECURITY

Yes No N/A Secure from unauthorized entry—K.A.R. 68-14-7(b)

Yes No N/A Alarm system—K.A.R. 68-14-7(b)(2) & (3)

OXYGEN

Yes No N/A Transfilled/packed on site by facility

If YES, enter FDA registration number:

If NO, who transfills/repacks oxygen (name & address; this info may be found on the cylinders themselves)



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REVIEW OF DRUG RECORDS

- Yes No N/A Documentation of Examination of Materials—K.A.R. 68-14-7(d)
- Yes No N/A Records of ALL transactions in the receipt and distribution of prescription-only drugs—K.A.R. 68-14-7(f)
- Yes No N/A If oxygen, a prescription on file (review charts)
- Yes No N/A Inventories of all held drugs—K.A.R. 68-14-7(f)
- Yes No N/A Records readily retrievable—K.A.R. 68-14-7(f)(3)
- Yes No N/A Is the facility accredited by a national accreditation organization?
If so, by whom? _____

COMMENTS

Example