

**STATE BOARD OF PHARMACY**

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**SELF-INSPECTION:  
Nonresident Distributor—  
Nonprescription Drug  
Form NRI-06**

**INSTRUCTIONS**

This form may only be used by a nonresident nonprescription drug distributor if the home state does not inspect. All questions must be answered and all requested documentation must be provided for the self-inspection to be considered.

**DISTRIBUTOR INFORMATION**

Distributor Name		Home State Registration Number	
Physical Address (non-residential)			
City	State	Zip	Phone Number
Name of Person Conducting Inspection		Title	Email
Date of Inspection			

**INSPECTION INFORMATION**

- Yes  No Drugs stored per manufacturer—K.A.R. 68-15-4
- Yes  No Outdated, mislabeled, or adulterated drugs have been removed from stock—K.S.A. 65-1634 & K.S.A. 65-657(a) & (b)
- Yes  No Only nonprescription medication on premises—K.S.A. 65-1626(ddd)
- Yes  No Adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, & security—  
K.S.A. 65-625 & K.S.A. 65-656(o)
- Yes  No Free from infestation by insects, rodents, birds, or vermin of any kind—K.S.A. 65-656(m) & K.S.A. 65-668(a)
- Yes  No Drug products fully prepared by the manufacturer (commercial packaging)—K.A.R. 68-15-2(a)
- Yes  No Products sold to vendors, not consumers, patients, or end users—K.A.R. 68-15-1 & 68-15-2

**Attach the following documentation (all required):**

- A complete list of current suppliers.
- A list of the locations in Kansas that **this facility** has shipped non-prescription drug products to during the preceding 12 months. Please do not include shipments from other company facilities.
- Submit 3-5 pictures of the facility that include, at a minimum, the main aisle, front door, and ceiling.

**CERTIFICATION**

*I understand that the above-named facility may only sell, distribute, or transfer drugs to other facilities in Kansas that are appropriately registered by the Kansas State Board of Pharmacy. I declare under penalty of perjury under that laws of the State of Kansas that the information provided on this form is true, correct, and complete to the best of my knowledge.*

SIGNATURE

DATE SIGNED

PRINTED NAME

EMAIL