



STATE BOARD OF PHARMACY

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

**INSPECTION:
Pre-Opening
Form I-100**

INSPECTION INFORMATION

Facility Name: _____ Registration Number: _____

Inspector Name: _____ Date: _____

GENERAL INFORMATION

Person(s) on duty: _____

Facility Type: _____

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

FACILITIES

- C N/I N/C U N/A Suitable size and construction to facilitate cleaning, maintenance, & proper operation
- C N/I N/C U N/A Adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, & security
- C N/I N/C U N/A Free from infestation by insects, rodents, birds, or vermin of any kind
- C N/I N/C U N/A Sink with hot and cold running water
- C N/I N/C U N/A Refrigerator/freezer with temperatures recorded daily or electronic monitoring system
- C N/I N/C U N/A Quarantine area
- C N/I N/C U N/A Drugs and devices able to be stored per manufacturer
- C N/I N/C U N/A Reference material available
- C N/I N/C U N/A Access to KS Pharmacy Laws/Regulations
- C N/I N/C U N/A Necessary equipment and supplies
- C N/I N/C U N/A Compounding area(s)

SECURITY

- C N/I N/C U N/A Secure from unauthorized entry
- C N/I N/C U N/A Perimeter of premises well lighted
- C N/I N/C U N/A Alarms and security systems
- C N/I N/C U N/A Controlled drugs locked or dispersed

Self-Inspection