



STATE BOARD OF PHARMACY

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

INSPECTION:
**County Health/Family Planning/
Health Center/Indigent Clinic**
Form I-11

INSPECTION INFORMATION

Facility Name: _____ Registration Number: _____

Inspector Name: _____ Date: _____

FACILITY TYPE:

- Family Planning (not-for-profit) Federally Qualified Health Center
- Health Department Indigent Clinic or Mental Health Center

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

GENERAL INFORMATION

Person(s) on duty: _____

Pharmacist in Charge/Practitioner: _____

- C N/I N/C U N/A Registration(s) displayed—K.S.A. 65-1645(e)
- C N/I N/C U N/A DEA number: _____—21 C.F.R. 1301.11

FACILITIES

- C N/I N/C U N/A Facility clean, well-lit, etc.—K.S.A. 65-656(m) & K.S.A. 65-668(a)
- C N/I N/C U N/A Drugs stored per manufacturer—K.A.R. 68-7-18(b)(1)(B)
- C N/I N/C U N/A No outdated, mislabeled, or adulterated drugs—K.S.A. 65-1634 & K.S.A. 65-657(a)
- C N/I N/C U N/A No controlled substances on the premises, if applicable—K.A.R. 68-7-18(a)
- C N/I N/C U N/A Policy and procedures—K.A.R. 68-7-18(b)(1)(B)

SECURITY

- C N/I N/C U N/A Medication security—K.A.R. 68-7-18(c)(2)

RECORDS

- C N/I N/C U N/A Documentation of quarterly checks (all areas in facility)—K.A.R. 68-7-18(b)(1)(C)
- C N/I N/C U N/A Out-Patient distribution log—K.A.R. 68-7-18(c)(1)
- C N/I N/C U N/A Physician's order maintained in permanent patient file—K.A.R. 68-7-18(c)(1)(A)
- C N/I N/C U N/A Drugs received from registered sources—K.S.A. 65-1643(c)
- C N/I N/C U N/A Duration of record keeping—K.S.A. 65-1642(b)(c)(3)

PRESCRIPTION LABELS—K.A.R. 68-7-18(c)(2)

Labeling completed by: _____

- C N/I N/C U N/A Name, address, & phone number of the facility
- C N/I N/C U N/A Full name of patient
- C N/I N/C U N/A Adequate directions for use
- C N/I N/C U N/A Name of prescriber or PA/APRN & physician



STATE BOARD OF PHARMACY

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

INSPECTION:
**County Health/Family Planning/
Health Center/Indigent Clinic**
Form I-11

- C N/I N/C U N/A The date the supply was distributed
- C N/I N/C U N/A Identification number assigned to the supply of the drug
- C N/I N/C U N/A Brand name or generic name of the drug
- C N/I N/C U N/A Auxiliary labels if needed
- C N/I N/C U N/A Beyond-use date

PREPACKAGING/REPACKAGING—K.A.R. 68-7-18(b)(3) & K.A.R. 68-7-15

Type of packaging used: _____

- C N/I N/C U N/A Stored according to manufacturer's recommendation
- C N/I N/C U N/A Proper control system for recall purposes
- C N/I N/C U N/A Expiration date not to exceed the shorter of 12 months, manufacturer's exp. date, or packaging limitations
- C N/I N/C U N/A Documentation of the pharmacist that supervised each repackaging
- C N/I N/C U N/A Child proof packaging—FDA Poison Prevention Packaging Act

PREPACKAGING/REPACKAGING LABELS—K.A.R. 68-7-18(b)(2) & 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 The strength of the drug
- C N/I N/C U N/A The contents in terms of weight, measure, or numerical count
- 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 Beyond-use date
- C N/I N/C U N/A Auxiliary labels if necessary

UTILIZATION OF DONATED UNUSED MEDICATIONS—K.S.A. 65-1668 through 1675 & K.A.R. 68-18-2 & 3

- C N/I N/C U N/A Board notified of participation in program
- C N/I N/C U N/A Policies and procedures established for utilization of unused medications
- C N/I N/C U N/A Donated medications stored with controlled access
- C N/I N/C U N/A Verification of quality and suitability of drugs performed
- C N/I N/C U N/A Copies of manifests maintained for 5 years
- C N/I N/C U N/A Recalled and expired drugs are destroyed



STATE BOARD OF PHARMACY

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

INSPECTION:
**County Health/Family Planning/
Health Center/Indigent Clinic**
Form I-11

C N/I N/C U N/A Drugs are repackaged/prepackaged in accordance with
—K.A.R. 68-7-15, K.A.R. 68-7-16 & K.A.R. 68-7-18(b)

C N/I N/C U N/A Drugs supplied to patients are labeled in accordance with—K.A.R. 68-7-18(c)

C N/I N/C U N/A Records of distributions to patients are recorded in accordance with—K.A.R. 68-7-18(c)

COMMENTS

Self-Inspection