

Date: _____
 In: _____
 Out: _____

- Periodic
- New
- Closing
- Change of Ownership / Name / Location

FACILITY INSPECTION FORM

License No. _____
 OBND _____
 DEA _____

Licenses Current Y N

Business Hours:
 Mon-Fri _____
 Sat _____ Sun _____

Oklahoma State Board of Pharmacy
 2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
 Phone (405) 521-3815 / Fax (405) 521-3758
 Website: www.pharmacy.ok.gov / E-mail: pharmacy@pharmacy.ok.gov

Location Open Y N
 Location Secure Y N

PLEASE RETAIN UNTIL NEXT INSPECTION

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Responsible Person In Charge	On Duty		QCU	Training Documentation	
	Yes	No		Yes	No
Mgr:					

All Facilities:	Y	N		Y	N	Y	N	
Alarm system installed & activated after hours			Diversion Prevention P&P _____			Recall procedures P&P _____		
Policy & Procedures: Last updated _____			Designated quarantine area			CDS losses since last inspection		
CDS properly secure: Cage _____ Safe _____			Who has access?					
Drugs shipped at proper temperature			Accurate Inventory Records			Outgoing invoices maintained		
Last annual CDS Inventory on file			Incoming invoices maintained			Deliver to address on license		
Distributor verifies vendor licenses			Verify customer licenses			Drug storage proper		
Outdated drugs in active stock			Destruction of outdates:					

Manufacturer/Packager			Manufacturer/Packager		
Registered with FDA Date _____	Y	N	Drugs Labeled properly	Y	N
Ongoing training documented	Y	N	Temp/Humidity logged	Y	N
Hazardous drugs packaged BSC Cert Date _____	Y	N	Master Batch Record complete	Y	N
Appropriate garb, if needed	Y	N	Batch production and control records complete	Y	N
Floors/Walls/Ceilings impermeable/nonporous	Y	N	Documented QCU review prior to release	Y	N
Work Surfaces daily cleaning log	Y	N	Actual yields vs theoretical yields verified	Y	N
Separate facilities and equipment for beta lactams	Y	N	Purity Records Maintained at least 1 yr after exp date	Y	N
Air handling system separate for beta lactam facilities	Y	N	Rejected Products/Containers Disposition Logged	Y	N
Proper ventilation/air filtration	Y	N	Samples retained for testing at least 1 yr after exp date	Y	N
Equipment in good repair	Y	N	Complaint File	Y	N
Equipment calibration logs complete	Y	N	Wholesaler		
Equipment cleaning logs complete	Y	N	Submit ARCOS reports	Y	N
Bulk chemicals identity tested upon receipt	Y	N	Return-to-stock criteria	Y	N
Bulk chemicals tested for purity/strength/quality if no COA	Y	N	Delivery procedure when customer not present	Y	N
Appropriate exp date based on stability studies	Y	N	Report suspicious orders to Board of Pharmacy	Y	N
Drug containers approved prior to use	Y	N			

Comments:

Important: You are directed to take prompt action to correct the above violations. If such action is disregarded, Board action may result. These deficiencies have been explained and will be corrected.

Employee: _____ Compliance Officer: _____