In:	— ☐ New INSPECTION FORM									License No OBNDD DEA						
□ Change of Ownership / Name / Location  Business Hours:  Mon-Fri Sat Sun Sun □ Change of Ownership / Name / Location  Oklahoma State Board of Pharmacy 2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105 Phone (405) 521-3815 / Fax (405) 521-3758 www.pharmacy.ok.gov / pharmacy@pharmacy.ok.gov  PLEASE RETAIN UNTIL NEXT INSPECTION								Sterile Compounding Y Balances W Y					N N N			
NAME								ONE_								
ADDRESS				CITY	<b>/</b>		9			ZIP						
Employees at this location  D.Ph.'s: (PIC)		Р#	License Displayed Y		On Duty		Immunization Certificate Y N		Prec		eptor N					
			Y	N	Y	N	7	Y	N		Y		N			
			Liaman	(Dameit				_								
		P#	Displayed	/Permit //Current	On	Duty		Identification		Picture		Tra	ining			
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Non-DPh employees work before or after business hrs Open Vials in Fridge & Proper Expiration Date		Non-DPh staff Identified on pl DEA 222 forms executed or C						Diversion Prevention P&P  3 Invoice files maintained					+			
Refrigerator: °F/°C Freezer: °F/°C Logs completed	d	_	COut Depart	0000				ertification			+	+				
nvoices for Drugs Transferred to Other Licensed Entities		CDS losses since last inspection						3 Rx file	es mainta	ined p	proper	ly				
CDS Refills: Originals Nightly Log Logbook		Mailing RX's outside of OK							ed CDS d			_	+			
Outdated drugs removed from pharmacy within 6 months nadequate Staffing Reports for Review	+	Unit Dose Exp Dates Correct Outdated drugs in Active Stock						Last an Library	nual Inve	ntory	on file	+	+			
Counseling Offered on all New Prescriptions	+ + +	E-Kits at LTCF's (if yes, use form)							unds (if ye	es, us	se forn	1)	_			
Comments:																
mportant: You are directed to take prompt action to	correct the	aho	ve violation	s. If such	action i	s dis	regai	rded. Ri	oard actio	on m	av red	ult.	These			
leficiencies have been explained and will be corrected.			10.000		2011011		-541	, D	a ace		<i>2</i> , .03					
Pharmacist:		Cor	npliance C	officer:												