

Date: \_\_\_\_\_  
 In: \_\_\_\_\_  
 Out: \_\_\_\_\_

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

## TRANSFILL INSPECTION FORM

License No. \_\_\_\_\_  
 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

**PLEASE RETAIN UNTIL NEXT INSPECTION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Responsible Person In Charge	On Duty	Transfilling Locations
	Yes    No	
Mgr: _____	<input type="checkbox"/> <input type="checkbox"/>	Registered with FDA <span style="float: right;">Y    N</span>
_____	<input type="checkbox"/> <input type="checkbox"/>	P&P Manual approval/review date: _____
_____	<input type="checkbox"/> <input type="checkbox"/>	OOS and Recall procedures in place <span style="float: right;">Y    N</span>
		Pressure/Vacuum gauge EXP dates: _____
		Thermometer EXP dates: _____
		Equipment Calibration Log complete <span style="float: right;">Y    N</span>
		Oxygen Analyzer calibrated per manual <span style="float: right;">Y    N</span>
		Instrumentation Grade Gas COA: <b>Low:</b> Y N <b>High:</b> Y N
		Size of cylinders filled:    M    C    D    E    Other
		Maximum # of cylinders/fill or manifold size _____
		Incoming Oxygen tested if no COA <span style="float: right;">Y    N</span>
		Documented Lots of Oxygen used to transfill <span style="float: right;">Y    N</span>
		Quarantine/Hold QCU area <span style="float: right;">Y    N</span>
		Batch Production Logs complete <span style="float: right;">Y    N</span>
		Pre-fill tests: odor ring date visual vent vac color valve
		Fill tests: heat pressure temp leak
		Postfill tests: odor leak purity
		Quantities listed for pressure, temp, and purity <span style="float: right;">Y    N</span>
		Approved product for postfill leak test <span style="float: right;">Y    N</span>
		Lot # labels on batch logs <span style="float: right;">Y    N</span>
		Documented QCU review prior to release <span style="float: right;">Y    N</span>
		Storage of original logs:    Electronic    Paper
		Tracking Lot #s <span style="float: right;">Y    N</span>
		Distribution Records complete <span style="float: right;">Y    N</span>
		Ongoing employee training documented <span style="float: right;">Y    N</span>
		Any recalls since last inspection <span style="float: right;">Y    N</span>
		Any complaints since last inspection <span style="float: right;">Y    N</span>

**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: \_\_\_\_\_