DME Supplier & Medical Gas Supplier / Distributor Inspection Form

Date: _____
In: _____
Out: _____

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

License No. _____
OBNDD _____
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) 900-8365
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 Yes	On Duty No
Mgr: _____		
_____		

Durable Medical Equipment Supplier

DME stored at appropriate temperature	Y N
DME stored in clean and orderly condition	Y N
DME stored in other locations	Y N
If yes, are those locations licensed	Y N
Designated Quarantine Area	Y N
Invoices/Records Maintained Properly	Y N
Rx's Maintained/Updated Annually	Y N
Policies and Procedures Maintained	Y N
Policy and Procedure for Product Recalls	Y N
Personnel providing delivery / setup, maintenance, & repair obtaining annual CE	Y N
Accredited by an organization recognized by CMS	Y N

Medical Gas Supplier / Distributor

Cylinders Chained, Racked or Nested	Y	N	
Designated Full/Empty/Quarantine Areas	Y	N	
Proper Signage "No smoking, etc."	Y	N	
Invoices Maintained Properly	Y	N	
Other Med Gases (i.e. Nitrogen, Carbon Dioxide)	Y	N	
Nitrous Oxide Secure	Y	N	NA
Rx's Maintained/Updated Annually	Y	N	
Lot #'s Maintained and Recorded	Y	N	
Distributor Checks Vendor Licenses	Y	N	

Medical Gas Source(s)_____

Sells to the Following: (check all that apply)
☐ Patients ☐ Hospice Patients ☐ Physicians/Dentists
☐ Hospitals/Nursing Homes ☐ Other Suppliers
☐ Other_____

Cylinders/Liquid Oxygen Transfilled	Y	N
Liquid Oxygen Provided	Y	N
Liquid Oxygen COA	Y	N

Liquid Oxygen Source(s)_____

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:**

SAMPLE