Date: _____
In: _____
Out: _____

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

COMPOUNDING INSPECTION FORM

PLEASE RETAIN UNTIL NEXT INSPECTION

NAME_____ LICENSE NO._____

ADDRESS_____ CITY_____ZIP_____

Compounding Categories (1-5), examples:

1) Magic Mouthwash, mixing two creams together
2) Capsules, tablets, suppositories, PLO gel, hormone therapy
3) Inhalant solution, IV antibiotics, 2 additives to IV solution, nmt 3 commercial products (low risk)
4) TPN's, multiple meds in IV (medium risk)
5) Intrathecal, non-sterile powder used to prepare IV infusions (high risk), extended BUD

Pharmacy compounds: (check each that apply)

Category 1:___
Category 2:___
Category 3:___
Category 4:___
Category 5:___

All Compounding:	Y	N		Y	N		Y	N
Compounding area well-organized, sanitary			Compounding observed by CO			Outdated bulk chemicals		
Policies & Procedures Last updated_____			P&P Recall process			Everything compounded onsite		
Compounding commercial available products			If yes, unavailability documented			Purified water source		
Using USP or NF components			If no, COA available			MSDS files		
Preparing veterinary products from bulk			Documentation of annual training			Initial competency test on file		
Proper CDS bulk documentation			Preparing “For Office Use”			“Office Use” properly labeled		

Non-Sterile Compounding:	Y	N		Y	N		Y	N
Compounding log/formula worksheets			DPh documenting verification			Actual weights documented		
Hazardous Drugs Stored Separately			Hazardous Drugs Cmpd in BSC			BSC Inspection Date_____		
Hazardous Cmpding Proper Garbing			Rx designated as compound			Label designated as cmpd		
BUD: From manufactured drug product: Non-aqueous/solid forms nmt 6 months or 25% of time remaining of mfg exp date			BUD: From USP/NF: non-aqueous/solid forms, nmt 6 months			BUD: Aqueous oral: nmt 14 days when refrigerated		
BUD: All other formulations: nmt 30 days			Equipment calibration log			Batch or lot # assigned		

Sterile Compounding:	Y	N		Y	N		Y	N
Anteroom: Class____ Buffer Area: Class____ Clean room: Class_____ LFH: Class_____ Barrier Isolator: Class_____ Chemo Hood: Class_____								
Anteroom: Demarcation line or barrier			Buffer Area: free of cardboard/lint			Hood/Room Certificate date_____		
Surface areas impermeable, nonporous			Cleaning supplies: Lint free___ Sporacidal___ Sterile IPA___ Industrial detergent___					
Walls/Ceilings/Shelving monthly cleaning log			Floors/Work Surfaces daily cleaning log			Autoclave Cert Date_____		
Low Risk BUD: <48 hrs room temp, nmt 14 days refrigerated, nmt 45 days frozen			Med Risk BUD: <30 hrs rm temp, nmt 9 days refrigerated, nmt 45 days frozen			High Risk BUD: <24 hrs rm temp, nmt 3 days ref, nmt 45 days frozen		
Immediate-use cmpds begin admin w/in 1 hr			Temp and humidity monitored & logged			Pressures Monitored and Logged		
Aseptic testing technique: Annual or biannual			Garb lint-free and sterile			Garb worn properly		
Separate hoods for cytotoxic products			Chemo hood vented to outdoors			Adequate quantities sampled_____		
Sterility testing performed & documented			Endotoxin testing performed			Potency testing performed		
Terminal sterilization: Autoclave or convection			Aseptic sterilization: Filter integrity test or COA			Media fill &/or fingertip testing		
Containers purchased presterilized			If not, sterilization process documented			COA for sterile containers		

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.

Pharmacist:	Compliance Officer: