Date: _____
In: _____
Out: _____

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

FACILITY INSPECTION FORM

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) 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 Yes	On Duty No	QCU	Training Documentation Yes	Training Documentation 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Outdated drugs in active stock			Destruction of outdates:					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		
Registered with FDA Date_____	Y	N
Ongoing training documented	Y	N
Hazardous drugs packaged BSC Cert Date_____	Y	N
Appropriate garb, if needed	Y	N
Floors/Walls/Ceilings impermeable/nonporous	Y	N
Work Surfaces daily cleaning log	Y	N
Separate facilities and equipment for beta lactams	Y	N
Air handling system separate for beta lactam facilities	Y	N
Proper ventilation/air filtration	Y	N
Equipment in good repair	Y	N
Equipment calibration logs complete	Y	N
Equipment cleaning logs complete	Y	N
Bulk chemicals identity tested upon receipt	Y	N
Bulk chemicals tested for purity/strength/quality if no COA	Y	N
Appropriate exp date based on stability studies	Y	N
Drug containers approved prior to use	Y	N

Manufacturer/Packager		
Drugs Labeled properly	Y	N
Temp/Humidity logged	Y	N
Master Batch Record complete	Y	N
Batch production and control records complete	Y	N
Documented QCU review prior to release	Y	N
Actual yields vs theoretical yields verified	Y	N
Purity Records Maintained at least 1 yr after exp date	Y	N
Rejected Products/Containers Disposition Logged	Y	N
Samples retained for testing at least 1 yr after exp date	Y	N
Complaint File	Y	N

Wholesaler		
Submit ARCOS reports	Y	N
Return-to-stock criteria	Y	N
Delivery procedure when customer not present	Y	N
Report suspicious orders to Board of Pharmacy	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: