KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910 Fax (502) 696-3806

TELEPHONE INSPECTION AUTHORIZATION FOR NEW PHARMACIES

Acknowledgement by Pharmacist-in-Charge of responsibility for representations below: yes_____

1. Name and address correct on permit application yes_____
2. Telephone Number ( ) _____-_____ Fax ( ) _____-_____ yes_____
3. Ownership clearly stated yes_____
4. PIC/POA readily identified yes_____
5. Name of persons having keys to pharmacy identified yes_____
6. Schedule of hours listed: (CORRECT AS OF THIS DATE) yes_____
7. Name of computer listed: hardware/software yes_____
8. Type of pharmacy identified (chain, hospital, etc.) yes_____
9. Signature of PIC and OWNER complete yes_____
10. Equipment required:

    Class A balance/weights (or approved electronic scale) yes_____
    Graduates 1ml to 250 ml yes_____
    Mortar/pestle, ointment slab yes_____
    Filtration system (filter papers/funnel) yes_____
    Refrigerator yes_____
    Sink- HOT and COLD running water (in pharmacy) yes_____
    Spatulas (steel and nonmetallic) yes_____

11. Generic Drug Sign (KPhA Telephone No. 502-227-2303) yes_____
12. Generic pamphlets (OAG Telephone No. 502-696-5389) yes_____
13. Syringe register (if applicable) yes_____
14. Exempt V narcotic register (if applicable) yes_____
15. PSE Transaction Log yes_____
16. References complete (please list)

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_____

17. Security (type) _____ yes_____

Name of Pharmacy _____
Address of Pharmacy _____
_____ Zip _____
PIC _____

I hereby certify that the information provided is true and correct to the best of my knowledge. I further acknowledge that the Board may revoke Pharmacy Permit NO._____ if the information supplied to the Board is false and/or fraudulent in connection with this application.

_____ _____
Signature of Pharmacist-in-Charge Date

Please return this document to Kentucky Board of Pharmacy within five (5) days of receipt at the above address.

_____ _____
Pharmacy and Drug Inspector Date