

Kentucky Board of Pharmacy

125 Holmes St.
Frankfort, KY 40601

Inspection Report

Pharmacy

Name: *Demo Pharmacy*

Permit No.: *P0DEMO*

Address: *State Off. Bldg. Annex Ste 300, Frankfort, KY 40601*

Phone: *(859) 246-2820*

Fax: *(859) 246-2823*

Email: *steve.hart@ky.gov*

Inspection

Date: *06/10/2019*

Time In: *11:53 AM*

Time Out:

Type: *Routine*

Notes: *None*

Pharmacist and Interns

Procedural Inspection

Current Policy & Procedure Manual (201 KAR 2:225 Sec 2(2))	<i>Compliant</i>
Computerized Records (201 KAR 2:170) Section 1 (3)	<i>Compliant</i>
Records Readily Retrievable (201 KAR 2:210) Section 1 (1)(d)1	<i>Compliant</i>
Prescription Records Complete (201 KAR 2:185 Sec 2 and 3)	<i>Compliant</i>
Reports Completed Quarterly by a Pharmacist-in-charge (201 KAR 2:225 Sec 2(1)(b)) Last Date: <i>06/10/2019</i>	<i>Compliant</i>

Physical Inspection

Cylinders Properly Stored: 29 CFR 1926.350 (a)(9) and (11) 29 CFR 1910.101(b) – cga pamphlet on storage incorporated by reference	<i>Compliant</i>
Cylinders Separated by Size, Empty and Full 29 CFR 1910.101(b) – cga pamphlet on storage incorporated by reference also joint commission EC.02.06.01 EP 1	<i>Compliant</i>
Cylinders Properly Labeled 21 CFR 211.130, 610.61 and KRS 217.065 (2)(a)	<i>Compliant</i>
Facility Is Suitable Size and Construction (21 CFR 211.42 and 201 KAR 2:180 (1) and (2))	<i>Compliant</i>
Absence of Rodents and Insects (21 CFR 211.42 and 201 KAR 2:180 (1))	<i>Compliant</i>
Authorized Access Maintained (201 KAR 2:225 (2)(b))	<i>Compliant</i>
Vehicles Transporting Gas DOT/FDA Compliant (49 CFR 177.834 Subpart B)	<i>Compliant</i>

Physical Inspection (*continued*)

Cylinders Tracked by Lot Number (21 CFR 211.130)	Compliant
Certificate of Analysis on File	Compliant
No Smoking Sign Posted - NFPA 55 may be incorporated by 29 CFR 1910.06	Compliant
Fire Extinguisher Available - NFPA 55 may be incorporated by 29 CFR 1910.06	Compliant

Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.

Inspector: *Katie Busroe*

Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.

Pharmacist: *B. Steven Hart*