



# IOWA BOARD OF PHARMACY

## LIMITED DISTRIBUTOR SELF INSPECTION 657 IAC Chapter 42

Limited Distributor Information			
Distributor Name		IA License #	Date of Inspection
Street Address		City	State Zip
Phone Number		Email Address	

Inspection Items			
Policies and Procedures 657-42.7			
Are policies and procedures available for the following?			
Security of the facility and patient information	YES	NO	N/A
Storage of products and records	YES	NO	N/A
Handling of outdated, recalled and returned products	YES	NO	N/A
Record retention	YES	NO	N/A
Security for products and records in possession of employee off site	YES	NO	N/A
Employee education and experience appropriate to responsibilities	YES	NO	N/A
Physical Requirements 657—42.10			
Is adequate space available for the storage of products and records?	YES	NO	N/A
Is adequate space available for operations?	YES	NO	N/A
Is adequate space available for cleaning and maintenance?	YES	NO	N/A
Is the necessary equipment available for all operations?	YES	NO	N/A
Is the security adequate for operations?	YES	NO	N/A
What is the temperature of the area where drugs are stored?			
How often do you document this temperature?			



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What is the humidity level of the area where drugs are stored?			
How often do you document the humidity?			N/A
Is a space specifically designated for outdated, damaged, unsafe, deteriorated, misbranded, adulterated or suspect products?	YES	NO	N/A
Is the facility clean and orderly?	YES	NO	
Is the facility free of infestation by insects, rodents, birds, or vermin of any kind?	YES	NO	
<b>Purchasing/Distribution 42.10(2)</b>			
Are all products received from legitimate sources that are properly licensed in the state in which they are located?	YES	NO	N/A
How are sources verified?			
How are verified sources records maintained/updated?			
Is verification of legitimate source of products supplied with each product received?	YES	NO	N/A
Are all products examined upon receipt?	YES	NO	N/A
How is the examination documented?			N/A
Are products verified prior to distribution?	YES	NO	N/A
How is the verification documented?			N/A
<b>Transaction Records 657—42.12</b>			
Do transaction records include the following?			
Source of product	YES	NO	N/A
Identity and quantity	YES	NO	N/A
Date of receipt or distribution	YES	NO	N/A
Name, address license number of supplier or purchaser	YES	NO	N/A
How long are receipt and distribution records maintained?			N/A
How are patient specific records maintained?			N/A



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Prescription Records 657—42.12			
Do you distribute directly to patients?	YES	NO	N/A
Are prescriptions retained in their original format?	YES	NO	N/A
How long are prescriptions retained?			N/A
Are prescription records accessible?	YES	NO	N/A
Do all prescriptions contain the following?			
Date of issue	YES	NO	N/A
Patient's name, address or owner if the patient is an animal	YES	NO	N/A
Drug/Device name, drug strength, quantity	YES	NO	N/A
Prescriber's name, address, written or electronic signature, DEA	YES	NO	N/A
Do all faxes of prescriptions document source's name, address and fax number; time of transmission; receiver's name, address, fax number?	YES	NO	N/A
How are prescriptions determined to be valid?			N/A
How many months is a non-controlled prescription valid?			N/A
How many months is a medical gas prescription valid?			N/A
Who provides the patient with directions for use of prescription products?			N/A
What are the qualifications of the person providing directions to the patient?			N/A

By signing below, I attest that the information provided is true and correct and further attest that all staff have reviewed the applicable rules for all items answered with NO.

This self-inspection will be reviewed by board staff. I understand that the Iowa Board of Pharmacy has the authority to conduct an inspection per 657 IAC Chapter 42.

Inspection Completed By (printed name): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date