

Date: \_\_\_\_\_  
 In: \_\_\_\_\_  
 Out: \_\_\_\_\_

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

# MEDICAL GAS INSPECTION FORM

License No. \_\_\_\_\_  
 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

**PLEASE RETAIN UNTIL NEXT INSPECTION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Responsible Person In Charge	On Duty		Transfilling Locations	
Mgr: _____	Yes	No		
_____			Registered with FDA	Y N
_____			P&P Manual approval/review date: _____	
			OOS and Recall procedures in place	Y N
			Pressure/Vacuum gauge EXP dates: _____	
<b>Medical Gas Supplier / Distributor</b>			Thermometer EXP dates: _____	
Cylinders Chained, Racked or Nested	Y	N	Equipment Calibration Log complete	Y N
Designated Full/Empty/Quarantine Areas	Y	N	Oxygen Analyzer calibrated per manual	Y N
Proper Signage "No smoking, etc."	Y	N	Instrumentation Grade Gas COA: <b>Low:</b> Y N <b>High:</b> Y N	
Invoices Maintained Properly	Y	N	Size of cylinders filled: M C D E Other	
Other Med Gases (i.e. Nitrogen, Carbon Dioxide)	Y	N	Maximum # of cylinders/fill or manifold size _____	
Nitrous Oxide Secure	Y	N	Incoming Oxygen tested if no COA	Y N
Rx's Maintained/Updated Annually	Y	N	Documented Lots of Oxygen used to transfill	Y N
Lot #'s Maintained and Recorded	Y	N	Quarantine/Hold QCU area	Y N
Distributor Checks Vendor Licenses	Y	N	Batch Production Logs complete	Y N
Medical Gas Source(s) _____			Pre-fill tests: odor ring date visual vent vac color valve	
Sells to the Following: (check all that apply)			Fill tests: heat pressure temp leak	
<input type="checkbox"/> Patients	<input type="checkbox"/> Hospice Patients	<input type="checkbox"/> Physicians/Dentists	Postfill tests: odor leak purity	
<input type="checkbox"/> Hospitals/Nursing Homes	<input type="checkbox"/> Other Suppliers		Quantities listed for pressure, temp, and purity	Y N
<input type="checkbox"/> Other _____			Approved product for postfill leak test	Y N
Cylinders/Liquid Oxygen Transfilled	Y	N	Lot # labels on batch logs	Y N
Liquid Oxygen Provided	Y	N	Documented QCU review prior to release	Y N
Liquid Oxygen COA	Y	N	Storage of original logs: Electronic Paper	
Liquid Oxygen Source(s) _____			Tracking Lot #s	Y N
<b>Transfilling Employees</b>			Distribution Records complete	Y N
	<b>Training documentation</b>		Ongoing employee training documented	Y N
	Yes	No	Any recalls since last inspection	Y N
QCU: _____			Any complaints since last inspection	Y N
<b>Comments:</b>				

**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: \_\_\_\_\_