



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Self-Inspection Report

PART I Application Type

Application Type:	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Change in Ownership
	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Change in Name		

PART II Facility Information

Facility Type:	<input type="checkbox"/> Wholesale Drug Distributor			<input type="checkbox"/> Outsourcing Facility		<input type="checkbox"/> Third Part Logistics Provider	
Owner Name:							
DBA Name:				Hours of Operation:			
Address:	Street		City		State		Zip
Email:				Contact Phone:			
License Number:				Expiration Date:			
Facility Manager:							

Keep a copy of this report on file.

PART III**Report Information**

Authority	Item	Yes	No	Comments
AS 08.80.030, 12 AAC 52.620	The facility has storage areas that ensure proper lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.620	The facility is equipped with an alarm system to detect entry after hours.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.620	The facility has external lighting along the outside perimeter of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.620	The facility has restricted entry into drug storage areas and is open to authorized personnel only.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.620	The facility has a quarantine area for storage of drugs that are outdated, damaged, or deteriorated.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.620	The facility has storage areas that are free from infestation by insects, rodents, birds, or vermin of any kind.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.620	The facility has internal security policies to provide reasonable protection from theft or diversion of drugs by personnel.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.625	The facility maintains a roster of all officers, directors, and managers responsible for wholesale drug distribution.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.630	The facility has appropriate records kept for ensuring proper temperature and humidity of drug storage.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.640	The facility has written policies and procedures for drug handling and storage.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.650	The facility maintains records and inventories of all transactions or drug products for the last two years.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.670	The facility has a written policy for the handling of a recall of a drug product.	<input type="checkbox"/>	<input type="checkbox"/>	
AS 08.80.030, 12 AAC 52.685	The facility does not distribute drugs directly to a consumer or patient.	<input type="checkbox"/>	<input type="checkbox"/>	



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PHA

FOR DIVISION USE ONLY

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Notary Signature Page

PART IV Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Facility Manager Printed Name:			
	Facility Manager Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	