



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing
160 E 300 S Telephone: (801) 530-6628
P.O. Box 146741 Toll Free in Utah: (866) 275-3675
Salt Lake City, Utah 84114-6741 Investigation Fax: (801) 530-6301
Email: DOPLInvestigations@utah.gov Website: www.dopl.utah.gov

CLASS E
Medical Gas Provider

INSPECTION

[] New Opening [] Regular

INFORMATION

(Please print clearly or type information)

Facility Name: _____ Date: _____
Facility Email: _____ Facility Telephone: _____
Facility FEIN Number: _____
Facility Hours (Monday-Friday): _____ (Saturday): _____ (Sunday): _____
Facility Street Address: _____ Facility Fax: _____
City: _____ State: _____ Zip: _____
Pharmacy License Number: _____ Expiration Date: _____
FDA Registration Number: _____ Expiration Date: _____
Responsible Person: _____ Phone Number: _____

INSPECTION

In respect to Medical Gas prescription drugs which are held, stored, or otherwise under the control of the facility, please answer the following questions:

- 1. Yes [] No [] The facility will/does have an annual FDA registration form.
2. Yes [] No [] The facility will/does have a written pharmacy care protocol which includes: [R156-17b-617a (1)]
[] the identity of the supervisor or director;
[] a detailed plan of care;
[] the identity of the drugs that will be purchased, stored, used and accounted for; and
[] the identity of any licensed healthcare provider associated with the operation.
3. Yes [] No [] The facility shall develop standard operating policy and procedures manual; [R156-17b-617f (1) (a)]
4. Yes [] No [] The facility will/does conduct training and maintain evidence of employee training programs and completion certificates; [R156-17b-617f (1) (b)]
5. Yes [] No [] The facility will/does maintain documentation and records of all transactions to include: [R156-17b-617f (1) (c)]
[] batch production records
[] certificates of analysis
[] dates of calibration of gauges;
6. Yes [] No [] The facility will/does provide adequate space for orderly placement of equipment and finished product; [R156-17b-617f (1) (d)]
7. Yes [] No [] The facility will/does maintain gas tanks securely; [R156-17b-617f (1) (e)]
8. Yes [] No [] The facility will/does designate return and quarantine areas for separation of products; and [R156-17b-617f (1) (f)]



CLASS E

INSPECTION

9. The facility will/does label all products; [R156-17b-617f(1)(g)]
10. The facility will/does fill cylinders without using adapters; and [R156-17b-617f(1)(h)]
11. The facility will/does comply with all FDA standards and requirements. [R156-17b-617f(1)(i)]

COMMENTS

Signature of Responsible Person: _____ Date of Signature: ____/____/____

Signature of Division Investigator: _____ Date of Signature: ____/____/____