Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE
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CLASS E MEDICAL GAS PROVIDER INSPECTION

☐ Opening ☐ Random

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:

	Yes	No	
1.	☐	☐	The facility will/does have an annual FDA registration form.
2.	☐	☐	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.	☐	☐	The facility shall develop standard operating policy and procedures manual; [R156-17b-617f (1) (a)]
4.	☐	☐	The facility will/does conduct training and maintain evidence of employee training programs and completion certificates; [R156-17b-617f (1) (b)]
5.	☐	☐	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.	☐	☐	The facility will/does provide adequate space for orderly placement of equipment and finished product; [R156-17b-617f (1) (d)]
7.	☐	☐	The facility will/does maintain gas tanks securely; [R156-17b-617f (1) (e)]
8.	☐	☐	The facility will/does designate return and quarantine areas for separation of products; [R156-17b-617f (1) (f)]

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

☐ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Date:

Name of Responsible Party (Print):

Signature of Division Investigator: Date:

Name of Division Investigator (Print):

Revised 3/2025