

**INFORMATION**

(Please print clearly or type information)

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

**INSPECTION**

**In respect to Durable Medical Equipment which is held, stored, or otherwise under the control of the facility, please answer the following questions:**

- | Yes | No |   |
|-----|----|---|
| 1.  |    | The facility will/does have a written pharmacy care protocol which includes: [R156-17b-617a (1)]<br>the identity of the supervisor or director;<br>a detailed plan of care;<br>the identity of the drugs that will be purchased, stored, used and accounted for; and the<br>identity of any licensed healthcare provider associated with the operation. |
| 2.  |    | The facility is of suitable size and construction to facilitate cleaning, maintenance, and proper operations;<br>[R156-17b-617d (1) (a)]  |
| 3.  |    | The facility will/does provide adequate lighting, ventilation, sanitation, space, equipment, and security<br>conditions; [R156-17b-617d (1) (b)]  |
| 4.  |    | The facility will be/is equipped to permit the orderly storage of durable medical equipment in a manner to<br>permit clear identification, separation, and easy retrieval of products and an environment necessary to<br>maintain the integrity of the product inventory; [R156-17b-617d (1) (c)]   |
| 5.  |    | The facility will be/is equipped to permit the practice within the standards and ethics of the profession as<br>dictated by the usual and ordinary scope of practice to be conducted within that facility; [R156-17b-617d (1) (d)]  |
| 6.  |    | The facility will/does maintain prescription forms and records for a period of five years; [R156-17b-617d (1) (e)]  |
| 7.  |    | The facility will be/is locked and enclosed in such a way as to bar entry by the public or any non-personnel<br>when the facility is closed; [R156-17b-617d (1) (f)]  |
| 8.  |    | The facility will/does post the license of the facility in full view of the public. [R156-17b-617d (1) (g)]   |

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COMMENTS

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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