

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 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 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. |
| 2. | | The facility is of suitable size and construction to facilitate safe operations, including a suitable area to quarantine suspect product; [R156-17b-617g(1) (a)] |
| 3. | | The facility will/does provide adequate security; [R156-17b-617g(1) (b)] |
| 4. | | The facility will/does have written policies and procedures to; [R156-17b-617g(1) (c) (i-viii)]
address receipt, security, storage, inventory, shipment, and distribution of a product
identify, record, and report confirmed losses or thefts in the United States;
correct errors and inaccuracies in inventories;
provide support for manufacturer recalls;
prepare for, protect against, and address any reasonably foreseeable crisis that affects security or operation at the facility, such as strike, fire, or flood;
ensure that any expired product is segregated from other products and returned to the manufacturer or reverse distributor;
maintain the capability to trace the receipt and outbound distribution of a product, and supplies and records of inventory; and |

quarantine or destroy a suspect product if directed to do so by the respective manufacturer, wholesale distributor, dispenser, or an authorized government agency.

5. The facility may not employ an individual who has been convicted of a felony violation relating to product tampering: [R156-17b-617g (2)]

COMMENTS

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