



Department of Professional and Financial Regulation
Office of Licensing and Registration
BOARD OF PHARMACY

As of March 12, 2008 inspections of pharmacies are now back online.

You may wish to revisit the laws and rules
(www.maine.gov/professionallicensing) to ensure that you are in
compliance. Following is a sample inspection checklist that will be
used by inspectors in conducting inspections.

Inspection staff:
Thomas Avery, Chief Field Investigator/Inspector
Frank Keough, Field Investigator/Inspector

PHARMACY	
ADDRESS	
CITY	
COUNTY	ZIP CODE
PHARMACY TEL #	
PHARMACY FAX #	
EMAIL	
LAST INSPECTED	



Maine Department of Professional and Financial Regulation
Office of Licensing and Registration
Board of Pharmacy
35 State House Station, Augusta, ME 04333
(207) 624-8603

INSPECTION PURPOSE:

- NEW
- NEW/PRELIMINARY
- PERIODIC
- REINSPECTION/FOLLOWUP
- OWNER CHANGE
- LOCATION CHANGE

PHARMACY INSPECTION REPORT

DATE	INSPECTOR
TIME IN:	TIME OUT:

DEA #	Exp Date
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PHARMACIST IN CHARGE

Check if PIC present at time of inspection If not present:

LIC # Exp.

PHARMACIST ON DUTY

LIC # Exp.

Type of facility

- Retail Chain
- Retail Independent
- Nuclear Pharmacy
- Long Term Care Pharmacy
- Opiate Treatment Program/Center
- Automated Dispensing
- Central Fill Pharmacy
- Central Fill Processing
- Hospital Hospital
- Free Clinic
- Rural Health Center

- | YES | NO | | YES | NO | |
|------------------------------|--------------------------|---|------------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy license posted visibly and valid | 29. <input type="checkbox"/> | <input type="checkbox"/> | Security barrier (C.13(6)(4)) |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Pharmacist licenses posted and valid | | | <input type="checkbox"/> extends from floor to ceiling <input type="checkbox"/> extends from counter to ceiling |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy Technician licenses posted and valid | | | <input type="checkbox"/> operational locking system <input type="checkbox"/> key <input type="checkbox"/> combination <input type="checkbox"/> activation code |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Observation at point of arrival for inspection – pharmacy technician were under appropriate supervision & ratio compliance. # _____ | 30. <input type="checkbox"/> | <input type="checkbox"/> | Security camera (C.13(6)(6)) functioning, critical areas monitored, retention of images |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | PIC Name displayed on license matches PIC identified at time of this inspection | | | <input type="checkbox"/> Facility conforms to 6/30/2010 requirements |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | PIC meets minimum 30 hours /week or 40% of hours Rx is open | 31. <input type="checkbox"/> | <input type="checkbox"/> | Professional reference library, including drug interactions |
| | | <input type="checkbox"/> Are there any waivers issued to this pharmacy, if yes identify below. | | | Type of format: <input type="checkbox"/> hardcopy <input type="checkbox"/> computer/Internet <input type="checkbox"/> CD |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | PIC is authorized for more than one location. List other site(s) below. | 32. <input type="checkbox"/> | <input type="checkbox"/> | Maine Pharmacy Law and Rules at site |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Hours of operation are being met – 40 hours per week of operation | | | Type of format: <input type="checkbox"/> hardcopy <input type="checkbox"/> computer/Internet <input type="checkbox"/> CD |
| | | <input type="checkbox"/> Are there any waivers issued to this pharmacy, if yes identify below: | 33. <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy Technician Training Program |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy hours prominently posted in public area | | | Type of format: <input type="checkbox"/> hardcopy <input type="checkbox"/> computer/Internet <input type="checkbox"/> CD |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Prescription filling area meets minimum 200 sq ft | 34. <input type="checkbox"/> | <input type="checkbox"/> | CII perpetual inventory of all receipts & dispersals, accurate inventory quantities of each CII drug on hand |
| | | <input type="checkbox"/> Are there any waivers issued to this pharmacy, if yes identify below. | 35. <input type="checkbox"/> | <input type="checkbox"/> | CII emergency prescriptions |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Have there been any alteration of the prescription filling area since the last inspection. If yes, explain in comment section. | 36. <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy able to produce records for immediate past 12-months (C.24(5)) |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Heat – adequate and operational | 37. <input type="checkbox"/> | <input type="checkbox"/> | DEA 222 forms |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Lighting – appropriate for practice | 38. <input type="checkbox"/> | <input type="checkbox"/> | Power of Attorney |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Water supply – adequate hot & cold and safe | 39. <input type="checkbox"/> | <input type="checkbox"/> | Prescription information complete |
| | | <input type="checkbox"/> Public <input type="checkbox"/> Private, last tested _____ | 40. <input type="checkbox"/> | <input type="checkbox"/> | Prescriptions readily retrievable |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Plumbing appears to be functioning properly | 41. <input type="checkbox"/> | <input type="checkbox"/> | Random audit conducted |
| 16. <input type="checkbox"/> | <input type="checkbox"/> | Electrical appears to be functioning properly | 42. <input type="checkbox"/> | <input type="checkbox"/> | Stock – all drugs on shelves within expiration date |
| 17. <input type="checkbox"/> | <input type="checkbox"/> | Sink – clean and sanitary | 43. <input type="checkbox"/> | <input type="checkbox"/> | CII Stock <input type="checkbox"/> Dispersed & camera monitored |
| 18. <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy – overall cleanliness and free from harmful debris | | | <input type="checkbox"/> Locked Safe, appropriate & independently alarmed |
| 19. <input type="checkbox"/> | <input type="checkbox"/> | Restroom – clean & operational, adequately supplied w/soap & paper towels | 44. <input type="checkbox"/> | <input type="checkbox"/> | Biennial inventory date |
| 20. <input type="checkbox"/> | <input type="checkbox"/> | Drive Thru Pharmacy – safe and secure | 45. <input type="checkbox"/> | <input type="checkbox"/> | Biennial inventory completed – Date completed _____ |
| 21. <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator for drug storage – clean and operating, no food products | 46. <input type="checkbox"/> | <input type="checkbox"/> | IVs Compounded |
| 22. <input type="checkbox"/> | <input type="checkbox"/> | Safety cap containers | 47. <input type="checkbox"/> | <input type="checkbox"/> | ___N/A ... Biological safety cabinet for prep of low to moderate risk agents. |
| 23. <input type="checkbox"/> | <input type="checkbox"/> | Appropriate Rx labels | 48. <input type="checkbox"/> | <input type="checkbox"/> | ___N/A ... Class 1000 Room Class 1000 Room Expiration Date |
| 24. <input type="checkbox"/> | <input type="checkbox"/> | Rx balance | 49. <input type="checkbox"/> | <input type="checkbox"/> | ___N/A... Class 100 Hood Class 100 Hood Expiration Date |
| 25. <input type="checkbox"/> | <input type="checkbox"/> | Spatula, non-metal (1) – clean | 50. <input type="checkbox"/> | <input type="checkbox"/> | Waiting prescription access, secure, confidentiality observed |
| 26. <input type="checkbox"/> | <input type="checkbox"/> | Spatula, metal (2) – clean | 51. <input type="checkbox"/> | <input type="checkbox"/> | Has this pharmacy filed a Form 106 in past 12 months? If yes, date filed _____ Copy requested for inspection purposes |
| 27. <input type="checkbox"/> | <input type="checkbox"/> | Mortar and pestle (2) – clean | 52. <input type="checkbox"/> | <input type="checkbox"/> | Schedule V Controlled Substances (C. 22) exempt narcotic log or record of disposition appropriately maintained |
| 28. <input type="checkbox"/> | <input type="checkbox"/> | Graduates assorted (4) – clean | 53. <input type="checkbox"/> | <input type="checkbox"/> | Obra log - Patient counseling (C.25) refusal(s) and intervention(s) properly documented |
| 28. <input type="checkbox"/> | <input type="checkbox"/> | Alarm system (C.13(6)(5)) and independent from other systems | 54. <input type="checkbox"/> | <input type="checkbox"/> | Patient counseling (C.25) separate private area provided |
| | | | | | <input type="checkbox"/> separate room <input type="checkbox"/> away from flow <input type="checkbox"/> close to flow |

