



PHARMACY INSPECTION REPORT
RURAL HEALTH CENTERS
 (207) 624-8620 PHARMACY.LIC@MAINE.GOV

RHC Name:
Address:
City: ZIP
County:
RHC Tel#:

DATE: _____
TIME IN: _____
TIME OUT: _____
INSPECTOR: _____

- INSPECTION PURPOSE:**
- NEW
 - NEW/PRELIMINARY
 - RANDOM PERIODIC
 - REINSPECTION/FOLLOWUP
 - OWNER CHANGE
 - LOCATION CHANGE
 - INVESTIGATION RELATED

DEA #:	Exp. Date:
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Name of Pharmacy Provider to RHC	Pharmacy Lic. No.	Exp Date
		12/31/
Name of Pharmacist Consultant to RHC	Pharmacist Lic No.	Exp Date
		12/31/
Is there a current contract between the RHC and the Consulting Pharmacist Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give brief explanation:		
Was the RHC able to present a copy of the consulting pharmacists monthly inspection report of the RHC Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give brief explanation:		

YES NO

YES NO

1. Are there any waivers issued to this pharmacy, if yes identify below.
2. Have there been any alteration of the prescription filling area since the last inspection. If yes, explain in comment section.
3. Heat – adequate and operational
4. Lighting – appropriate for practice
5. Water supply – adequate hot & cold and safe
 Public Private, last tested _____
6. Plumbing appears to be functioning properly
7. Electrical appears to be functioning properly
8. RHC Sink – clean and sanitary for pharmacy purposes
9. RHC Overall cleanliness and free from harmful debris
10. RHC – Security of drugs maintained at all times.
11. RHC maintains drugs in locked storage area during non-business hours
12. Alarm system for pharmacy service area
 Is alarm separate and independent from other systems? No, describe:

13. Is a security camera and if so is it functioning, does it monitor critical areas functioning, critical areas monitored, and retain images (how long): _____

14. Confirmation that the RHC dispenses Schedule II controlled substances
15. RHC maintains a log of all prescription drugs delivered to it by a retail pharmacy w/date and time of delivery, name of the retail pharmacy making delivery the name of the person making delivery on behalf of the retail pharmacy, the drugs received, and the name of the person accepting delivery on behalf of the institution.
16. Monthly reports by consulting pharmacist at RHC
17. Prescription drug order written in duplicate; OR to drug outlet provider & copy kept by RHC
18. Daily report of medication dispensed from inventory, patient name & all other patient profile information provided to provider drug outlet
19. Patient profiles kept by provider drug outlet
20. Medication records kept at the rural health center
21. RHC Prescription labels are available and being used
22. Safety cap containers
23. RHC uses its own label for prescriptions
24. Patient Counseling Contact Sheet
25. Maine Pharmacy Law and Rules at site
 Type of format: hardcopy computer/Internet CD

INSPECTION COMMENTS

YES NO

- Inspection results reviewed with RHC Representative –
 Printed Name: _____ Signature _____ Date _____
- Insufficiencies noted (described above) w/correction order compliance by: (Date) _____
 w/compliance notification to be sent to Thomas.E.Avery@maine.gov or Adam.P.Wood@maine.gov
 In Email Subject Line Put - CORRECTION ORDER and PHARMACY LICENSE NUMBER
- Citation issued for this inspection. Citation # _____