

Pharmacy Lic #

12/31/

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) 624-8620 PHARMACY.LIC@MAINE.GOV

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

LIC #

Exp.

Check if PIC present at time of inspection

If PIC not present list

PHARMACIST ON DUTY

LIC #

Exp.

Type of facility

- Retail Chain
- Retail Independent
- Nuclear Pharmacy
- Long Term Care Pharmacy
- Automated Dispensing
- Central Fill Pharmacy
- Central Fill Processing
- Free Clinic
- Hospital Visit

YES NO

1. Pharmacy license posted visibly and valid
2. Pharmacist licenses posted and valid
3. Pharmacy Technician licenses posted and valid
5. PIC Name displayed on license matches PIC identified at time of this inspection
6. PIC meets minimum 30 hours /week or 40% of hours Rx is open
 Are there any waivers issued to this pharmacy, if yes identify below.
7. PIC is authorized for more than one location. List other site(s) below.
8. Hours of operation are being met – 40 hours per week of operation
 Are there any waivers issued to this pharmacy, if yes identify below:
9. Pharmacy hours prominently posted in public area
11. Have there been any alteration of the prescription filling area since the last inspection. If yes, explain in comment section.
12. Heat – adequate and operational
13. Lighting – appropriate for practice
14. Water supply – adequate hot & cold and safe
 Public Private, last tested _____
15. Plumbing appears to be functioning properly
16. Electrical appears to be functioning properly
17. Sink – clean, sanitary and in working condition
18. Pharmacy – overall cleanliness and free from harmful debris
19. Restroom – clean / operational / proper supply soap & paper towels
 N/A Store public rest room – not within the pharmacy
20. N/A Drive Thru Pharmacy – safe and secure
21. Refrigerator for drug storage – clean and operating, no food products
22. Safety cap containers
23. Appropriate Rx labels
24. Rx balance Electronic Manual
25. Spatula, non-metal (1) – clean
26. Spatula, metal (2) – clean
27. Mortar and pestle (2) – clean
28. Graduates assorted (4) – clean
30. Security barrier (C.13(6)(4))
 extends from floor to ceiling extends from counter to ceiling
29. Alarm system (C.13(6)(5)) separate and independent from other systems

YES NO

31. Security camera (C.13(6)(6)) functioning, critical areas monitored, retention of images
32. Professional reference library, including drug interactions
Type of format: hardcopy computer/Internet CD
33. Maine Pharmacy Law and Rules at site
Type of format: hardcopy computer/Internet CD
34. Pharmacy Technician Training Program
Type of format: hardcopy computer/Internet CD
35. CII perpetual inventory of all receipts & dispersals, accurate inventory quantities of each CII drug on hand. Book organized and legible.
36. CII emergency prescriptions. Monitored in timely manner.
37. Pharmacy able to produce records for immediate past 12-months (C.24(5))
38. DEA 222 forms (manual) Paper Forms E-222 order system
39. N/A Power of Attorney; current, valid and up-to-date files
40. Prescription information complete
41. Prescriptions readily retrievable
43. Stock – all drugs on shelves within expiration date
44. CII Stock Dispersed camera monitored
 Locked Safe, appropriate & independently alarmed
46. Biennial inventory completed – Date completed _____
47. Non-Sterile Compounding (safety and sanitation)
48. Sterile Compounding (safety and sanitation)
49. ___N/A ... Biological safety cabinet for prep of low to moderate risk agents.
50. Waiting prescription access, secure, confidentiality observed
51. Has this pharmacy filed a Form 106 in past 12 months? If yes, date filed _____ Copy requested for inspection purposes
52. Schedule V Controlled Substances (C. 22) exempt narcotic log or record of disposition appropriately maintained
53. Obra log - Patient counseling (C.25) refusal(s) and intervention(s) properly documented Electronic or Paper Signature recording
54. Patient counseling (C.25) separate private area provided
 separate room away from flow close to flow

Pharmacy Lic #	12/31/
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List of pharmacists employed by this pharmacy

1. Pharmacist Name	Pharmacist Lic No	Exp Date	6. Pharmacist Name	Pharmacist Lic No	Exp Date
		12/31/			12/31/
2. Pharmacist Name	Pharmacist Lic No	Exp Date	7. Pharmacist Name	Pharmacist Lic No	Exp Date
		12/31/			12/31/
3. Pharmacist Name	Pharmacist Lic No	Exp Date	8. Pharmacist Name	Pharmacist Lic No	Exp Date
		12/31/			12/31/
4. Pharmacist Name	Pharmacist Lic No	Exp Date	9. Pharmacist Name	Pharmacist Lic No	Exp Date
		12/31/			12/31/
5. Pharmacist Name	Pharmacist Lic No	Exp Date	10. Pharmacist Name	Pharmacist Lic No	Exp Date
		12/31/			12/31/

List of pharmacy technicians employed by this pharmacy

1. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/
2. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/
3. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/
4. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/
5. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/
6. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/
7. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/
8. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/
9. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
<input type="checkbox"/> On duty		PT6 -	12/31/

INSPECTION INSUFFICIENCIES and/or COMMENTS – Use separate sheet if necessary

YES NO

- Inspection results reviewed w/Pharmacist in Charge (PIC) – Signature _____ Date _____
- OR** w/Pharmacist on Duty (POD) – 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 # _____