

|                |          |
|----------------|----------|
| PHARMACY       |          |
| ADDRESS        |          |
| CITY           |          |
| COUNTY         | ZIP CODE |
| PHARMACY TEL # |          |
| PHARMACY LIC # |          |



Maine Department of Professional and Financial Regulation  
Office of Licensing and Registration  
**Board of Pharmacy**  
35 State House Station, Augusta, ME 04333  
(207) 624-8651

**INSPECTION PURPOSE:**

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

**PHARMACY INSPECTION REPORT**

|          |           |
|----------|-----------|
| DATE     | INSPECTOR |
| TIME IN: | TIME OUT: |

|       |          |
|-------|----------|
| DEA # | Exp Date |
|-------|----------|

**PHARMACIST IN CHARGE**

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

LIC #

Exp.

**Type of facility:**

Opiate Treatment Program/Center

Automated Dispensing

**YES NO**

1.   Are there any waivers issued to this pharmacy, if yes identify below.
2.   PIC is authorized for more than one location. List other site(s) below.
3.   Have there been any alteration of the prescription filling area since the last inspection. If yes, explain in comment section.
4.   Heat – adequate and operational
5.   Lighting – appropriate for practice
6.   Water supply – adequate hot & cold and safe  
 Public  Private, last tested \_\_\_\_\_
7.   Plumbing appears to be functioning properly
8.   Electrical appears to be functioning properly
9.   Sink – clean and sanitary
10.   Pharmacy – overall cleanliness and free from harmful debris
11.   Safety cap containers
12.   Appropriate Rx labels
13.   Patient Counseling Contact Sheet
14.   Alarm system (C.13(6)(5)) separate and independent from other systems

**YES NO**

15.   Security barrier (C.13(6)(4))
16.   Security camera (C.13(6)(6)) functioning, critical areas monitored, retention of images
17.   Professional reference library, including drug interactions  
Type of format:  hardcopy  computer/Internet  CD
18.   Maine Pharmacy Law and Rules at site  
Type of format:  hardcopy  computer/Internet  CD
19.   N/A Pharmacy Technician Training Program  
Type of format:  hardcopy  computer/Internet  CD
20.   CII perpetual inventory of all receipts & dispersals, accurate inventory quantities of each CII drug on hand. Book organized and legible.
21.   DEA 222 forms  (manual) Paper Forms  E-222 order system
22.   CII Stock  camera monitored  
 Locked Safe, appropriate & independently alarmed
23.   Biennial inventory completed – Date completed \_\_\_\_\_

**List of pharmacists employed by this pharmacy**

| 1. Pharmacist Name | Pharmacist Lic No | Exp Date | 3. Pharmacist Name | Pharmacist Lic No | Exp Date |
|--------------------|-------------------|----------|--------------------|-------------------|----------|
|                    |                   | 12/31/   |                    |                   | 12/31/   |
| 2. Pharmacist Name | Pharmacist Lic No | Exp Date | 4. 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 <input type="checkbox"/> Registered Technician<br><input type="checkbox"/> Intern<br><input type="checkbox"/> Other |                          | PT600          | 12/31/          |
| 2. Check All That Apply  | Pharmacy Technician Name | License Number | Expiration Date |
| <input type="checkbox"/> On duty <input type="checkbox"/> Registered Technician<br><input type="checkbox"/> Intern<br><input type="checkbox"/> Other |                          | PT600          | 12/31/          |
| 3. Check All That Apply  | Pharmacy Technician Name | License Number | Expiration Date |
| <input type="checkbox"/> On duty <input type="checkbox"/> Registered Technician<br><input type="checkbox"/> Intern<br><input type="checkbox"/> Other |                          | PT600          | 12/31/          |

