



PHARMACY INSPECTION REPORT RURAL HEALTH CENTERS

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

INSPECTION PURPOSE:

- NEW
- NEW/PRELIMINARY
- RANDOM PERIODIC
- REINSPECTION/FOLLOWUP
- OWNER CHANGE
- LOCATION CHANGE
- INVESTIGATION RELATED

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

| | |
|--------------|------------------|
| 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: | | |
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| 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

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): _____

YES NO

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

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YES NO

- Passed Inspection - If no, insufficiencies noted herein requiring attention and correction. Compliance by Date: _____
- Citation issued for this inspection? Citation # _____
- Inspection results reviewed with RHC Representative –

Printed Name: _____ Signature _____ Date _____