

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
- Free Clinic
- Rural Health Center

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| <p>YES NO</p> <p>1. <input type="checkbox"/> <input type="checkbox"/> Pharmacy license posted visibly and valid</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> Pharmacist licenses posted and valid</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> Pharmacy Technician licenses posted and valid</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> Observation at point of arrival for inspection – pharmacy technician were under appropriate supervision & ratio compliance. # _____</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> PIC Name displayed on license matches PIC identified at time of this inspection</p> <p>6. <input type="checkbox"/> <input type="checkbox"/> PIC meets minimum 30 hours /week or 40% of hours Rx is open
<input type="checkbox"/> Are there any waivers issued to this pharmacy, if yes identify below.</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> PIC is authorized for more than one location. List other site(s) below.</p> <p>8. <input type="checkbox"/> <input type="checkbox"/> Hours of operation are being met – 40 hours per week of operation
<input type="checkbox"/> Are there any waivers issued to this pharmacy, if yes identify below:</p> <p>9. <input type="checkbox"/> <input type="checkbox"/> Pharmacy hours prominently posted in public area</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> Prescription filling area meets minimum 200 sq ft
<input type="checkbox"/> Are there any waivers issued to this pharmacy, if yes identify below.</p> <p>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.</p> <p>12. <input type="checkbox"/> <input type="checkbox"/> Heat – adequate and operational</p> <p>13. <input type="checkbox"/> <input type="checkbox"/> Lighting – appropriate for practice</p> <p>14. <input type="checkbox"/> <input type="checkbox"/> Water supply – adequate hot & cold and safe
<input type="checkbox"/> Public <input type="checkbox"/> Private, last tested _____</p> <p>15. <input type="checkbox"/> <input type="checkbox"/> Plumbing appears to be functioning properly</p> <p>16. <input type="checkbox"/> <input type="checkbox"/> Electrical appears to be functioning properly</p> <p>17. <input type="checkbox"/> <input type="checkbox"/> Sink – clean and sanitary</p> <p>18. <input type="checkbox"/> <input type="checkbox"/> Pharmacy – overall cleanliness and free from harmful debris</p> <p>19. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A Restroom – clean / operational / proper supply soap & paper towels</p> <p>20. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A Drive Thru Pharmacy – safe and secure</p> <p>21. <input type="checkbox"/> <input type="checkbox"/> Refrigerator for drug storage – clean and operating, no food products</p> <p>22. <input type="checkbox"/> <input type="checkbox"/> Safety cap containers</p> <p>23. <input type="checkbox"/> <input type="checkbox"/> Appropriate Rx labels</p> <p>24. <input type="checkbox"/> <input type="checkbox"/> Rx balance <input type="checkbox"/> Electronic <input type="checkbox"/> Manual</p> <p>25. <input type="checkbox"/> <input type="checkbox"/> Spatula, non-metal (1) – clean</p> <p>26. <input type="checkbox"/> <input type="checkbox"/> Spatula, metal (2) – clean</p> <p>27. <input type="checkbox"/> <input type="checkbox"/> Mortar and pestle (2) – clean</p> <p>28. <input type="checkbox"/> <input type="checkbox"/> Graduates assorted (4) – clean</p> <p>29. <input type="checkbox"/> <input type="checkbox"/> Alarm system (C.13(6)(5)) separate and independent from other systems</p> | <p>YES NO</p> <p>30. <input type="checkbox"/> <input type="checkbox"/> Security barrier (C.13(6)(4))
<input type="checkbox"/> extends from floor to ceiling <input type="checkbox"/> extends from counter to ceiling
<input type="checkbox"/> operational locking system <input type="checkbox"/> key <input type="checkbox"/> combination <input type="checkbox"/> activation code</p> <p>31. <input type="checkbox"/> <input type="checkbox"/> Security camera (C.13(6)(6)) functioning, critical areas monitored, retention of images
<input type="checkbox"/> Facility conforms to 6/30/2010 requirements
<input type="checkbox"/> Facility DOES NOT yet conform to the 6/30/2010 requirements</p> <p>32. <input type="checkbox"/> <input type="checkbox"/> Professional reference library, including drug interactions
Type of format: <input type="checkbox"/> hardcopy <input type="checkbox"/> computer/Internet <input type="checkbox"/> CD</p> <p>33. <input type="checkbox"/> <input type="checkbox"/> Maine Pharmacy Law and Rules at site
Type of format: <input type="checkbox"/> hardcopy <input type="checkbox"/> computer/Internet <input type="checkbox"/> CD</p> <p>34. <input type="checkbox"/> <input type="checkbox"/> Pharmacy Technician Training Program
Type of format: <input type="checkbox"/> hardcopy <input type="checkbox"/> computer/Internet <input type="checkbox"/> CD</p> <p>35. <input type="checkbox"/> <input type="checkbox"/> CII perpetual inventory of all receipts & dispersals, accurate inventory quantities of each CII drug on hand. Book organized and legible.</p> <p>36. <input type="checkbox"/> <input type="checkbox"/> CII emergency prescriptions. Monitored in timely manner.</p> <p>37. <input type="checkbox"/> <input type="checkbox"/> Pharmacy able to produce records for immediate past 12-months (C.24(5))</p> <p>38. <input type="checkbox"/> <input type="checkbox"/> DEA 222 forms <input type="checkbox"/> (manual) Paper Forms <input type="checkbox"/> E-222 order system</p> <p>39. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A Power of Attorney; current, valid and up-to-date files</p> <p>40. <input type="checkbox"/> <input type="checkbox"/> Prescription information complete</p> <p>41. <input type="checkbox"/> <input type="checkbox"/> Prescriptions readily retrievable</p> <p>42. <input type="checkbox"/> <input type="checkbox"/> Random audit conducted (random check each aisle)</p> <p>43. <input type="checkbox"/> <input type="checkbox"/> Stock – all drugs on shelves within expiration date</p> <p>44. <input type="checkbox"/> <input type="checkbox"/> CII Stock <input type="checkbox"/> Dispersed <input type="checkbox"/> camera monitored
<input type="checkbox"/> Locked Safe, appropriate & independently alarmed</p> <p>45. <input type="checkbox"/> <input type="checkbox"/> Biennial inventory date</p> <p>46. <input type="checkbox"/> <input type="checkbox"/> Biennial inventory completed – Date completed _____</p> <p>47. <input type="checkbox"/> <input type="checkbox"/> IVs Compounded</p> <p>48. <input type="checkbox"/> <input type="checkbox"/> ___N/A ... Biological safety cabinet for prep of low to moderate risk agents.</p> <p>49. <input type="checkbox"/> <input type="checkbox"/> ___N/A ... Class 1000 Room Class 1000 Room Expiration Date</p> <p>50. <input type="checkbox"/> <input type="checkbox"/> ___N/A... Class 100 Hood Class 100 Hood Expiration Date</p> <p>51. <input type="checkbox"/> <input type="checkbox"/> Waiting prescription access, secure, confidentiality observed</p> <p>52. <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</p> <p>53. <input type="checkbox"/> <input type="checkbox"/> Schedule V Controlled Substances (C. 22) exempt narcotic log or record of disposition appropriately maintained</p> <p>54. <input type="checkbox"/> <input type="checkbox"/> Obra log - Patient counseling (C.25) refusal(s) and intervention(s) properly documented <input type="checkbox"/> Electronic or <input type="checkbox"/> Paper Signature recording</p> <p>55. <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</p> |
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