

P = Pass**F = Fail****NA = Not Applicable**

Section	Description	P	F	NA
004.01A1	Photocopy of current RP license(s) on file			
004.01A2	RP availability sign			
004.01A3	Name of Consultant pharmacist: Name			
004.01A4	Adequate security			
004.01A5	Adequate environmental controls			
004.01A6	Adequate lighting			
004.01A7	Adequate cleaning area			
004.01A8	Cleanliness and sanitation maintained			
004.01A9	Appropriate library references			
004.01A10	Poison Control Center phone number posted			
004.01A11	Three spatulas and one counting tray			
004.01A12	Adequate refrigeration if needed			
004.01A13	Policy and Procedure manual on site			
009.11	Suitable dispensing containers used			
	PRESCRIPTION REQUIREMENTS			
009.15A	Hardcopy prescriptions filed			
009.13A1	Date of issue			
009.13A2	Patient name			
009.13A3	Physician and clinician name			
009.13A4	Drug name, strength, dosage form, quantity			
009.13A5	Number of refills authorized (oral contraceptives only)			
009.13A6	Directions for use			
	STORED DRUGS OR DEVICES			
009.07	Labels printed in typewritten form			
009.06	Labels affixed to suitable container or unopened boxes			
009.06A1	Name, address and phone number of clinic			
009.06A2	Name of manufacturer			
009.06A3	Lot number and expiration date			
009.06A4	Directions for patient use			
009.06A5	Quantity of drugs inside the container			
009.06A6	Name, strength, dosage form of drug			
009.06A7	Auxiliary label(s)			
	ADDED WHEN DISPENSED			
009.06A7a	Patient name			
009.06A7b	Physician or clinician name			
009.06A7c	Consecutive serial number			
009.06A7d	Date dispensed			
	CONSULTANT PHARMACIST DUTIES			
009.01A1	At the clinic at least once every thirty (30) days			
009.01A2	Monthly inspection of inventory, recordkeeping, dispensing and labeling			
009.01A3	Approves & maintains policies and procedures			
009.01A4	Approves & documents supplemental formulary information			
009.01A5	Approves proficiencies of public health workers for dispensing			

	CONT'D	P	F	NA
	POLICY AND PROCEDURE MANUAL			
004.01A13a	Delegating pharmacist monthly inspection reports			
004.01A13b	Labeling requirements			
004.01A13c	Storage & security of formulary drugs and devices			
004.01A13d	Proper patient instructions			
004.01A13e	Formulary			
004.01A13f	Library resources			
004.01A13g	Recordkeeping, to include medical chart			
004.01A13h	Drug recall procedures			
004.01A13i	Policies for licensed or certified health care staff			
004.01A13j	Policies for public health care workers			
008.02B	Documented training for MD, DO, PA, CNP, CNM, RN, LPN, PHCW			
	FORMULARY			
007.02A	Patient instruction requirements (directions & patient info)			
007.02B	Potential side effects and drug interactions			
007.02C	Criteria for contacting the on-call pharmacist			
007.03	No non-formulary drugs or devices dispensed			

Deficiencies cited and corrections ordered:

Passing score is 90%

Inspection rating _____ Pass Fail Date: _____

Re-inspection Date: _____

Inspector Signature

R.P. Signature or Appropriate Staff