New Hampshire Board of Pharmacy

121 South Fruit Street, Suite 401
Concord, NH 03301-2412

Tel.: (603) 271-2350 • Fax: (603) 271-2856
Website: www.oplc.nh.gov/pharmacy

A. DEMOGRAPHIC INFORMATION

Pharmacy / Facility Name			
Street Address			
City / State / Zip			
Email Address			
Phone #			
Date of Last Inspection			
Previous Issues Noted, Discipline, or Notice of Violation			
NH License #:			
Restrictions Noted on Pharmacy Permit			
Pharmacy DEA Registration #		DEA Exp. Date	
Pharmacy Computer Software Used			
Name of Pharmacist In Charge:			
Date of Inspection:			
Inspection Start Time:	☐ A.M. ☐ P.M.		

B. STAFFING

Attach Listing (To Be Provided By Pharmacy) of All Pharmacy Staff – must include all **pharmacists, pharmacy technicians, and pharmacy interns** and their NH License Numbers.

Is the pharmacy and all pharmacists on staff registered with the NH Prescription Drug Monitoring Program?

☐ Yes ☐ No Date Verified With NH PDMP_____

Verified by:

Home Infusion / Sterile Compounder– Inspection Form

C. GENERAL FACILITY

	Compliant	Not Compliant
1. All Licenses Displayed & Current (RSA 318.28)	☐	☐
2. Last Inspection Report Listed (Ph 709.04)	☐	☐
3. Rx Area Neat, Clean & Adequate (Ph 404.05)	☐	☐
4. "Clean Room" (Ph 404.07)	☐	☐
5. Bulk Storage Area Separate (Ph 404.02, (aa))	☐	☐
a. Board Authorized (Ph 404.06)	☐	☐
6. Security (Ph 702.04)	☐	☐
a. Alarm	☐	☐
b. Cage	☐	☐
c. Authorized Access	☐	☐
7. Hoods	☐	☐
a. Laminar Flow (Ph 404.02, i – r)	☐	☐
(1) Date Certified:		
(2) CACI Date Certified:		
	Compliant	**Not Compliant**
b. Chemo	☐	☐
(1) Date Certified:		
	Compliant	**Not Compliant**
8. Heat, Light, Water & Ventilation (Ph 404.06(f))	☐	☐
9. Hot/Cold Running Water In Compounding Area (Ph 404.06(h))	☐	☐
10. Refrigeration In Compounding Area (Ph 404.05)	☐	☐
11. Refrigerator Log Maintained (Ph 404.05(v))	☐	☐
12. Drug Stock Neat / Orderly (Ph 404.05, (t)(6))	☐	☐
13. Excessive Outdated Stock (Ph 404.05 (y))	☐	☐
14. Outdated Stock Isolated (Ph 404.05(y))	☐	☐
15. Outdated C/S Returned To:		
	Compliant	**Not Compliant**
16. DEA #	☐	☐
17. Reverse Distributor	☐	☐
18. Shipping Records	☐	☐
19. Confirmation	☐	☐
20. BOP Drug Destruction (Ph 707.02)	☐ Yes	☐ No

SAMPLE

C. GENERAL FACILITY (Continued)

	Compliant	Not Compliant
21. Rx Labels Conforming (General) - (Ph 404.02(t))	❑	❑

22. Reference Library:
❑ NH Law Book ❑ Others (List):

D. GENERAL SECURITY (Ph 702.04)

1. Alarm System Type:

	Compliant	Not Compliant
2. General Facility Alarmed	❑	❑
3. Licensed Area Alarmed	❑	❑
4. Non-Pharmacist Access	❑	❑
5. Accessed By (Name/Title)		

E. POLICIES & PROCEDURES

1. Overall Operations	❑	❑
2. Training	❑	❑
3. Disposal	❑	❑
4. Infectious Material	❑	❑
5. Hazardous Residue	❑	❑
6. Materials Returned from Patient	❑	❑
7. IV Nurse Drug Handling	❑	❑
8. Non-Pharmacist Access	❑	❑

F. LABELS (Ph 404.02(t))

	Compliant	Not Compliant
1. All Finished Product Properly Labeled	❑	❑

a. Including:
❑ Patient Name ❑ Date Mft. ❑ Exp. Date ❑ Compounder ID
❑ Name/Concentration of All Ingredients ❑ Diluent
❑ Storage/Handling Instructions ❑ Chemotherapy – Proper Disposal

G. DISPENSING RECORDS (Ph 404.09)

	Compliant	Not Compliant
1. Patient Name/Address on Rx	❑	❑
2. Practitioner DEA # on Rx	❑	❑
3. Pharmacist Signature on Face of Rx	❑	❑
4. CII Oral Documentation	❑	❑
5. C/S Dispensed Within Limits	❑	❑

H. PATIENT RECORDS (Ph 706.01)

	Yes	No
1. Patient Records Complete	❑	❑

2. Contain:
❑ Patient Name ❑ Sex. ❑ Med. Record # ❑ Tel #

	Compliant	Not Compliant
3. Primary Diagnosis	❑	❑
4. Secondary Diagnosis	❑	❑
5. Summary of Hospitalization	❑	❑
6. Medication History Available	❑	❑

a. Includes:
❑ Current Diet ❑ Medication Regimen ❑ Drug/Food Allergies

	Compliant	Not Compliant
7. Progress Notes Available	❑	❑

a. Includes:
❑ Documented Contact with Provider
❑ Documented Contact with Patient/Caregiver

I. QUALITY ASSURANCE PROGRAM (Ph 404.04)

	Compliant	Not Compliant
1. Policy and Procedures available	❑	❑
2. Summary available for review	❑	❑
3. Date of Last QAP/CQI Meeting		
4. Attendance		

	Compliant	Not Compliant
5. Pharmaceutical Care Standards (Ph 404.04)	❑	❑
6. Counseling Offered to Patient (Ph 706.03)	❑	❑
7. Counseling Offered to Caregiver	❑	❑
8. Counseling Offer Made by Pharmacist	❑	❑
9. Counseling Offer Made by Nurse	❑	❑
10. Counseling Offer Made by Others	❑	❑
11. Supplemental Material Used	❑	❑
12. Documentation of Counsel Offered	❑	❑

a. By:
❑ Computer ❑ Log Book ❑ Clinical Intervention Software
❑ Other (List):

J. OPERATIONS

	YES	NO
1. IV Nurses Employed	❑	❑
2. IV Nurses Possess Drugs	❑	❑
3. Facility Licensed with HCFA	❑	❑
4. License #:		

SAMPLE

J. OPERATIONS (Continued)		
	YES	NO
5. Sterile / Non-Sterile Compounding Available *** If Yes, Also Use USP 795-797 Inspection Form**	❑	❑
6. Nurse Sterile Compounding Training Available	❑	❑
7. Drugs Conform to Approved List	❑	❑
8. Accountability of Drugs Used in Field	❑	❑
9. Effort to Comply with Previous Deficiencies	❑	❑
10. Repeat Deficiencies	❑	❑
11. Warning Issued	❑	❑
Inspection End Time:		☐ A.M. ☐ P.M.

Comments / Recommendations:

Comments / Recommendations (Continued):

The forgoing may not serve as a defense in any regulatory, civil or criminal proceeding.

Signature of Board of Pharmacy Inspector _____ Date _____

Signature of Pharmacy / Facility Representative _____ Date _____

My Signature acknowledges my awareness and understanding of all entries and notations made on this report and my receipt of a copy thereof. I also understand my responsibilities for corrective action as outlined above.

SAMPLE