

New Hampshire Board of Pharmacy

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Website: www.oplc.nh.gov/pharmacy

Pharmacy Name	
Street Address	
City / State / Zip	
Email Address	
Phone #	
Date of Last Inspection	
Previous Issues Noted, Discipline, or Notice of Violation	
NH License #:	
Type of Institutional Pharmacy	<input type="checkbox"/> Central Pharmacy <input type="checkbox"/> I.V. Admixtures <input type="checkbox"/> Satellite Pharmacy <input type="checkbox"/> L.V.P. Services
Restrictions Noted on Pharmacy Permit	
Pharmacy DEA Registration #	
DEA Registration Expiration Date	
Name of Pharmacist In Charge:	
Date of Inspection:	
Inspection Start Time:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

*** 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: _____

Institutional Pharmacy – Inspection Form

A. GENERAL FACILITY		
	Compliant	Not Compliant
1. All Licenses Displayed & Current (RSA 318:28)	<input type="checkbox"/>	<input type="checkbox"/>
2. Biennial Inventory (RSA 318-B:12) Done: (Date) → _____	<input type="checkbox"/>	<input type="checkbox"/>
3. PIC Change in Last 12 Months: <input type="checkbox"/> Yes <input type="checkbox"/> No Inventory Date: _____		
	Compliant	Not Compliant
4. Primary Pharmacy Lockable & Alarmed (Ph 709.03(a))	<input type="checkbox"/>	<input type="checkbox"/>
5. Pharmacy Room(s) Clean, Orderly & In Good Repair (Ph 709.03(c))	<input type="checkbox"/>	<input type="checkbox"/>
6. Adequate Space (Ph 709.03(b))	<input type="checkbox"/>	<input type="checkbox"/>
7. Hot/Cold Running Water In Pharmacy (Ph 709.03(d))	<input type="checkbox"/>	<input type="checkbox"/>
8. Adequate Refrigeration Provided Ph 1002.01	<input type="checkbox"/>	<input type="checkbox"/>
a. Number of Refrigerators		
b. Refrigerator Temperature Log <input type="checkbox"/> Automated <input type="checkbox"/> Manual		
	Compliant	Not Compliant
c. Refrigerator Temperature Log Readily Retrievable	<input type="checkbox"/>	<input type="checkbox"/>
d. Refrigerator Temperature Log Properly Noted (Ph 702.02, 1002.01)	<input type="checkbox"/>	<input type="checkbox"/>
e. Freezer Temperature Log <input type="checkbox"/> Automated <input type="checkbox"/> Manual		
	Compliant	Not Compliant
f. Freezer Temperature Log Readily Retrievable	<input type="checkbox"/>	<input type="checkbox"/>
g. Freezer Temperature Log Properly Noted (Ph 702.02, 1002.01)	<input type="checkbox"/>	<input type="checkbox"/>
h. Ambient Temperature Maintained / Monitored (Ph 702.02, 1002.01)	<input type="checkbox"/>	<input type="checkbox"/>
9. Reference Library <input type="checkbox"/> NH Law Book <input type="checkbox"/> Other <input type="checkbox"/> Online Sources		
	Compliant	Not Compliant
10. Non-Sterile Compounding Areas, Shelves Clean (Ph 404.03)	<input type="checkbox"/>	<input type="checkbox"/>
11. Drug Stock Clean (Ph 702.01,04)	<input type="checkbox"/>	<input type="checkbox"/>
12. All Drugs In-Date & Properly Labelled (Ph 601.10)	<input type="checkbox"/>	<input type="checkbox"/>
13. Outdated Non-C/S Isolated (Ph 1002.01)	<input type="checkbox"/>	<input type="checkbox"/>
14. Outdated C/S Isolated/Secure	<input type="checkbox"/>	<input type="checkbox"/>
15. Meds Admitted With Patient Held In: <input type="checkbox"/> Pharmacy <input type="checkbox"/> Floor <input type="checkbox"/> Both		
	Compliant	Not Compliant
16. Access Limited to Pharmacist Only & Exceptions Noted in Written P&P (Ph 709.06)	<input type="checkbox"/>	<input type="checkbox"/>
17. Non-Licensed Security Personnel with Access to Rx Area:		

A. GENERAL FACILITY (Continued)			
18. Above Persons PIC Designated per Ph 702.05(b)(5): <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Are controlled substances on hand? <input type="checkbox"/> Yes* <input type="checkbox"/> No * If yes, also use C/S Inspection Form.			
	Compliant	Not Compliant	
20. Investigational Drugs Separate (Ph 709.08)	<input type="checkbox"/>	<input type="checkbox"/>	
a. Pharmacist Assigned	<input type="checkbox"/>	<input type="checkbox"/>	
b. Review of Protocols	<input type="checkbox"/>	<input type="checkbox"/>	
B. PREPACKAGING			
	YES	NO	N/A
1. Prepackaging Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Done by: <input type="checkbox"/> Pharmacist <input type="checkbox"/> Support Personnel			
If by Support Personnel, Work Checked by Pharmacist: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Compliant	Not Compliant	
2. Label per Ph 703.03(b)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Brand Name <input type="checkbox"/> Generic Name <input type="checkbox"/> Strength <input type="checkbox"/> Quantity <input type="checkbox"/> Exp Date <input type="checkbox"/> In-House Lot # <input type="checkbox"/> Mft/Dist Name			
	Compliant	Not Compliant	
3. Log Book Per Ph 703.03(c)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Log Book Contains:			
<input type="checkbox"/> Mft. Lot # <input type="checkbox"/> Mft. Exp. Date <input type="checkbox"/> # of Units <input type="checkbox"/> Date Packaged <input type="checkbox"/> Exp. Date <input type="checkbox"/> Drug Strength <input type="checkbox"/> RPh ID <input type="checkbox"/> Prepacker ID <input type="checkbox"/> In-House Lot # <input type="checkbox"/> Dosage Form			
C. WRITTEN POLICIES & PROCEDURES			
1. How Accessed			
2. How Often Updated			
3. Date Last Updated			
4. Staff Pharmacist (Job Description)		Compliant	Not Compliant
5. Support Personnel (Job Description)		<input type="checkbox"/>	<input type="checkbox"/>
6. Overall Pharmacy Operations (Ph 709.11)		<input type="checkbox"/>	<input type="checkbox"/>
7. Parenteral Services		<input type="checkbox"/>	<input type="checkbox"/>
8. Pharmacy Access – General (Ph 702.05)		<input type="checkbox"/>	<input type="checkbox"/>
9. Pharmacy Access – Emergency (Ph 709.06)		<input type="checkbox"/>	<input type="checkbox"/>

C. WRITTEN POLICIES & PROCEDURES (Continued)		
10. Meds Admitted with Patients	Compliant	Not Compliant
	<input type="checkbox"/>	<input type="checkbox"/>
11. Satellite Pharmacy Operations	<input type="checkbox"/>	<input type="checkbox"/>
12. Automated Dispensing Machines	<input type="checkbox"/>	<input type="checkbox"/>
a. Discrepancies	<input type="checkbox"/>	<input type="checkbox"/>
13. Alternate (Non-Pharmacy) Storage Areas	<input type="checkbox"/>	<input type="checkbox"/>
14. EMS Replenishment	<input type="checkbox"/>	<input type="checkbox"/>
14. Verification of EMS Staff	<input type="checkbox"/>	<input type="checkbox"/>
14. Policy for Drug Wasting	<input type="checkbox"/>	<input type="checkbox"/>
D. EMERGENCY ACCESS TO PHARMACY		
1. Limited to Authorized Personnel per Ph 709.06(b)	Compliant	Not Compliant
	<input type="checkbox"/>	<input type="checkbox"/>
2. Authorized Personnel Title(s)		
	Compliant	Not Compliant
3. After Hours Entry Log – Ph 709.06(d):	<input type="checkbox"/>	<input type="checkbox"/>
4. Logs Include:		
<input type="checkbox"/> Name of Drug <input type="checkbox"/> Date <input type="checkbox"/> Strength <input type="checkbox"/> Dosage Form <input type="checkbox"/> Quantity Taken <input type="checkbox"/> Time <input type="checkbox"/> Patient Name <input type="checkbox"/> Nurse Signature <input type="checkbox"/> Location of Patient		
	Compliant	Not Compliant
5. Access to C/S After Hours	<input type="checkbox"/>	<input type="checkbox"/>
a. Access to: <input type="checkbox"/> CII <input type="checkbox"/> CIII-V		
E. INPATIENT DISPENSING		
	YES	NO
1. Meds Dispensed From:		
<input type="checkbox"/> Main Pharmacy <input type="checkbox"/> Satellite Pharmacy <input type="checkbox"/> Both		
2. Medications Appropriately Labelled (Main Rx) (Ph 703.03)	Compliant	Not Compliant
	<input type="checkbox"/>	<input type="checkbox"/>
3. Bedside Scanning Used (Ph 807.03)	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration / resupply checked by Certified Technician	<input type="checkbox"/>	<input type="checkbox"/>
5. Work Checked by Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>
6. Pharmacist Remote Order Entry	<input type="checkbox"/>	<input type="checkbox"/>
F. SATELLITE PHARMACY – GENERAL		
1. Number of Satellites		
2. Drug Supply Secure If Pharmacist Absent	Compliant	Not Compliant
	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessed By:	<input type="checkbox"/> Pharmacist Only <input type="checkbox"/> Other (List):	
4. Controlled Substances Present	YES	NO
	<input type="checkbox"/> *	<input type="checkbox"/>
If Yes:	Compliant	Not Compliant
<input type="checkbox"/> CII Security Access	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CIII-V Security Access	<input type="checkbox"/>	<input type="checkbox"/>
Security Alarm	<input type="checkbox"/>	<input type="checkbox"/>

G. EMS SUPPLIER		
	YES	NO
1. Provide EMS Supplies	<input type="checkbox"/> *	<input type="checkbox"/>
If Yes:	a. <input type="checkbox"/> Ambulance Service <input type="checkbox"/> ALS Personnel <input type="checkbox"/> Other b. <input type="checkbox"/> "Kit" Exchange <input type="checkbox"/> ADM <input type="checkbox"/> Other	
If Yes:	Compliant	Not Compliant
2. Adequate Accountability of C/S	<input type="checkbox"/>	<input type="checkbox"/>
3. C/S Stock "Sealed"	<input type="checkbox"/>	<input type="checkbox"/>
4. EMS Supplies Dispensed from ER	<input type="checkbox"/>	<input type="checkbox"/>
a. By:		
b. Adequate Documentation	<input type="checkbox"/>	<input type="checkbox"/>
H. EMERGENCY ROOM		
	YES	NO
1. Drugs Dispensed from ER	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency Supplies Only Dispensed per Ph 709.07(a)	<input type="checkbox"/>	<input type="checkbox"/>
3. Dispensing Done By:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> APRN <input type="checkbox"/> PA	
4. C/S Dispensing Log Complete / Readily Retrievable	<input type="checkbox"/>	<input type="checkbox"/>
5. Log Includes:	<input type="checkbox"/> Patient Name <input type="checkbox"/> Date <input type="checkbox"/> Drug Name <input type="checkbox"/> Strength <input type="checkbox"/> Patient Address <input type="checkbox"/> MD Name <input type="checkbox"/> Dispenser ID <input type="checkbox"/> Amount Dispensed	
	Compliant	Not Compliant
6. Labels Adequate (RSA 318:47)	<input type="checkbox"/>	<input type="checkbox"/>
7. Proper Auxiliary Labels Used (RSA 318:47)	<input type="checkbox"/>	<input type="checkbox"/>
8. Child Resistant Containers Used	<input type="checkbox"/>	<input type="checkbox"/>
9. Rx Pads Secure	<input type="checkbox"/>	<input type="checkbox"/>
10. All C/S Secure (21 CFR 1301.72)	<input type="checkbox"/>	<input type="checkbox"/>
• C/S Accessible By		
11. Automated Dispensing Unit	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
• ADU for:	<input type="checkbox"/> C/S <input type="checkbox"/> Non-C/S	
• ADU Accessible By		
12. Personal Items In Drug Storage Area?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
13. Pharmaceutical Care Standards Followed?	<input type="checkbox"/>	<input type="checkbox"/>
14. Counseling Offered to:	<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver	
15. Counseling Offered by:	<input type="checkbox"/> RPh <input type="checkbox"/> Nurse <input type="checkbox"/> Other:	

H. EMERGENCY ROOM (Continued)		
	YES	NO
16. Supplemental Material Used	<input type="checkbox"/>	<input type="checkbox"/>
17. Documentation of Counsel Refusal	<input type="checkbox"/>	<input type="checkbox"/>
18. Above By:	<input type="checkbox"/> Computer <input type="checkbox"/> Log Book <input type="checkbox"/> Clinical Intervention Software <input type="checkbox"/> Other:	

I. ANCILLARY DRUG STORAGE AREAS / AUTOMATED DISPENSING MACHINES			
1. Automated Dispensing Locations:			
a.	<input type="checkbox"/> Medication Room <input type="checkbox"/> Cabinets <input type="checkbox"/> Med Carts		
2. CII's Under Second Lock	Compliant	Not Compliant	
	<input type="checkbox"/>	<input type="checkbox"/>	
3. Integrity of C/S stock (Tampering)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Access Limited To			
5. Discrepancies Resolved By			
6. POU Returned to Pharmacy	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
• Frequency:			
• Records Satisfactory	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Drugs Stored In Proper Environment, Segregation, Security	<input type="checkbox"/>	<input type="checkbox"/>	
• Alarmed	<input type="checkbox"/>	<input type="checkbox"/>	
8. Accessed by Personnel from Other Units:	<input type="checkbox"/>	<input type="checkbox"/>	
9. Personal Items In Storage Area	<input type="checkbox"/>	<input type="checkbox"/>	
10. Patients Own Meds On Site	<input type="checkbox"/>	<input type="checkbox"/>	
• Segregated From Facility Stock	<input type="checkbox"/>	<input type="checkbox"/>	
• Secure	<input type="checkbox"/>	<input type="checkbox"/>	
• Adequate Accountability	<input type="checkbox"/>	<input type="checkbox"/>	
11. Crash Box Sealed	<input type="checkbox"/>	<input type="checkbox"/>	
12. Rx Pads Secure	<input type="checkbox"/>	<input type="checkbox"/>	
13. Random Check of Accountability (Frequency: _____)	<input type="checkbox"/>	<input type="checkbox"/>	
14. Drug Supplies Delivered from Pharmacy By:			
15. Received By:	<input type="checkbox"/> Administered <input type="checkbox"/> Other		
16. Refrigerated C/S On Site	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Accountability:			
18. Medication Cart (If Present) Sealed	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

