

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

LTC Pharmacy Name	
Street Address	
City / State / Zip	
Email Address	
Phone #	
Date of Last Inspection	
NHBOP License #:	
Permit Limits / Restrictions	
Pharmacy DEA Registration #	
DEA Registration Expiration Date	
Name of Pharmacist-In-Charge	
PIC Lic. #	
* Facility Must Provide List of All Staff / Practitioners at this Location (Including License Numbers) – Attach List to This Inspection Report.	
Is the Pharmacist-In-Charge, and all other pharmacists on staff, registered with the NH Prescription Drug Monitoring Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Verified With NH PDMP: _____ Verified by: _____	
Date of Inspection:	
Inspection Start Time:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Notes / Comments:

Long Term Care Pharmacy – Inspection Form

A. GENERAL PHARMACY FACILITIES		
	Compliant	Not Compliant
1. All Licensed Displayed & Current (RSA 318:28)	<input type="checkbox"/>	<input type="checkbox"/>
2. Last Inspection Report Listed (Ph 709.04)	<input type="checkbox"/>	<input type="checkbox"/>
3. Lockable & Alarmed (Ph 702.04)	<input type="checkbox"/>	<input type="checkbox"/>
4. Pharmacy Room(s) Clean, Orderly, In Good Repair (Ph 702.01)	<input type="checkbox"/>	<input type="checkbox"/>
5. Adequate Space (Ph 702.01)	<input type="checkbox"/>	<input type="checkbox"/>
6. Hot & Cold Running Water in Pharmacy (Ph 702.01)	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate Refrigeration (Ph 702.02)	<input type="checkbox"/>	<input type="checkbox"/>
8. Refrigeration Temperature Maintained (Ph 1002.01)	<input type="checkbox"/>	<input type="checkbox"/>
9. Temperature Log Available for Inspection	<input type="checkbox"/>	<input type="checkbox"/>
10. Reference Library? <input type="checkbox"/> NH Law Book (Hard Copy) <input type="checkbox"/> NH Law Book (Online Version) <input type="checkbox"/> Other (List):		
11. Does Facility Handle Controlled Substances? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>If yes, also use C/S Inspection Form.</i>		
12. Does Facility Perform Any Compounding? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>If yes, what type: <input type="checkbox"/> Sterile <input type="checkbox"/> Non-Sterile If yes, also use USP 795/797 Inspection Form.</i>		
	Compliant	Not Compliant
13. Compound Area, Shelve & Clean Stock Clear (Ph 404.03)	<input type="checkbox"/>	<input type="checkbox"/>
14. All Drugs In Date & Properly Labeled (Ph 601.10)	<input type="checkbox"/>	<input type="checkbox"/>
15. Drugs Stored Under Proper Environment, Segregation, Security (Ph 702.01, 702.04)	<input type="checkbox"/>	<input type="checkbox"/>
16. Access Limited To Pharmacist Only (Ph 702.05, 709.06)	<input type="checkbox"/>	<input type="checkbox"/>
17. Non-Licensed Security Personnel With Access To Pharmacy (Ph 702.05) (Attach List)	<input type="checkbox"/>	<input type="checkbox"/>
B. REPACKAGING		
1. Is Repacking Done (Ph 703.02)	<input type="checkbox"/>	<input type="checkbox"/>
2. Repacking Done by:	<input type="checkbox"/>	<input type="checkbox"/>
3. Work Checked by RPh. (Ph 703.02)	<input type="checkbox"/>	<input type="checkbox"/>
4. Labeled Per Ph 703.03(b)	<input type="checkbox"/>	<input type="checkbox"/>
5. Label Contains: <input type="checkbox"/> Brand Name <input type="checkbox"/> Generic Name <input type="checkbox"/> Drug Strength <input type="checkbox"/> Quantity <input type="checkbox"/> Exp. Date <input type="checkbox"/> In-House Lot # <input type="checkbox"/> Name of Drug Mft/Dist <input type="checkbox"/> Date Packaged		
6. Log Book Per Ph 703.03(c)	<input type="checkbox"/>	<input type="checkbox"/>
7. 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		

