

New Hampshire Board of Pharmacy

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Concord, NH 03301-2412

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Website: www.oplc.nh.gov/pharmacy

Clinic Name			
Street Address			
City / State / Zip			
Email Address of Clinic Contact			
Phone #		Date of Last BOP Inspection	
Previous Issues Noted, Discipline, or Notice of Violation			
NHBOP License #:			
DEA Reg. #:			
Date of Last DEA Inspection		Copy of Inspection Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspected By CARP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection	
DHHS Lic. #		Date of Last DHHS Inspection	
Other Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom:	
Number of Hours Per Week Clinic Operates			
Name of Clinic Medical Director:			
Is the Clinic Medical Director registered with the NH Prescription Drug Monitoring Program Per RSA 318-B:33? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Verified With NH PDMP:		Verified by:	
Name of Consultant Pharmacist:			
Primary Employer of Consultant Pharmacist:			
Telephone # of Consultant Pharmacist:			

Methadone Clinic – Inspection Form

Is the consultant pharmacist registered with the NH Prescription Drug Monitoring Program Per RSA 318-B:33? Yes No

Date Verified With NH PDMP _____ Verified by: _____

Date of Inspection:	
Inspection Start Time:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

A. GENERAL FACILITY

* **Staffing:** Attach Listing (To Be Provided By Clinic) of All Clinic Staff Authorized to Dispense & Their Registration Status with NH PDMP.

1. Type of Dosing:	
2. Approx. # of Clients:	
3. Source of Drugs:	
4. Delivered By:	
5. Drug Orders Received By (Ph 601.12(a)(b)) (Name/Title):	
6. Drug Storage [21 CFR 1301.72(a) & Ph 601.10(b)]:	
7. Accessed By (Name/Title): (Ph 601.13) – Attach List If More Space Needed	

B. SECURITY – Ph 601.10

	Compliant	Not Compliant
1. Dispensing Area Secure Per Ph 601.10(a-c)	<input type="checkbox"/>	<input type="checkbox"/>
• Separate from Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>
2. Alarm Type:		
3. Monitored By:		
4. Last Date Tested:		
5. Police Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Clinic Staff Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
	Compliant	Not Compliant
7. Drug Storage Security - Ph 601.10(c)	<input type="checkbox"/>	<input type="checkbox"/>
8. Locked When Practitioner Out of Building - Ph 601.11(c)	<input type="checkbox"/>	<input type="checkbox"/>
9. Outside Security - Ph 601.10(c)	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate Space - Ph 601.09	<input type="checkbox"/>	<input type="checkbox"/>
11. Facility Clean & Organized (Ph 702.01(a))	<input type="checkbox"/>	<input type="checkbox"/>

C. WRITTEN POLICIES & PROCEDURES			
		Compliant	Not Compliant
Drug Receipt		<input type="checkbox"/>	<input type="checkbox"/>
Invoice / DEA 222 Forms		<input type="checkbox"/>	<input type="checkbox"/>
Drug Loss / Theft		<input type="checkbox"/>	<input type="checkbox"/>
Drug Security		<input type="checkbox"/>	<input type="checkbox"/>
Missed Appointments		<input type="checkbox"/>	<input type="checkbox"/>
Inventory Verification		<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply (Wholesaler O.O.S.)		<input type="checkbox"/>	<input type="checkbox"/>
Staff Training		<input type="checkbox"/>	<input type="checkbox"/>
Returns / Reverse Distributor		<input type="checkbox"/>	<input type="checkbox"/>
Manual Backup		<input type="checkbox"/>	<input type="checkbox"/>
Drug Storage		<input type="checkbox"/>	<input type="checkbox"/>
Flushing Machine		<input type="checkbox"/>	<input type="checkbox"/>
Administration / Dispensing - Ph 601.14(a) & (d)		<input type="checkbox"/>	<input type="checkbox"/>
Inventory		<input type="checkbox"/>	<input type="checkbox"/>
Take Home		<input type="checkbox"/>	<input type="checkbox"/>
"Spillage"		<input type="checkbox"/>	<input type="checkbox"/>
Failed Drug Screening		<input type="checkbox"/>	<input type="checkbox"/>
NH PDMP Procedure		<input type="checkbox"/>	<input type="checkbox"/>
Frequency P&P Are Reviewed:		Date of Last P&P Update:	
Comments:			
RECORDKEEPING			
Records: <input type="checkbox"/> Electronic <input type="checkbox"/> Manual			
		Compliant	Not Compliant
If Electronic, Daily Activity Report Is Printed & Signed		<input type="checkbox"/>	<input type="checkbox"/>
Biennial Inventory Date →			
Drug Inventory Verified [Ph 601.10(i)] (Frequency & By Whom) →			
		Compliant	Not Compliant
Procedure Upon Receipt of Drugs – Ph 601.12(a-b)		<input type="checkbox"/>	<input type="checkbox"/>
Document Receipt		<input type="checkbox"/>	<input type="checkbox"/>
Practitioner Present When Drugs Received – Ph 601.12		<input type="checkbox"/>	<input type="checkbox"/>
DEA 222 Forms in Order		<input type="checkbox"/>	<input type="checkbox"/>
Invoices Readily Retrievable		<input type="checkbox"/>	<input type="checkbox"/>
OPERATION			
Drugs on Site: <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Other (List):			
Administered By (Name & Title)			

OPERATION (Continued)			
		Compliant	Not Compliant
Verification of Drug Procedure		<input type="checkbox"/>	<input type="checkbox"/>
Practitioner Present When Rx Is Dispensed – Ph 601.11		<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration Temperature Maintained – Ph 601.07		<input type="checkbox"/>	<input type="checkbox"/>
• Temperature Log Available		<input type="checkbox"/>	<input type="checkbox"/>
Expired Drugs Segregated & Secured – Ph 601.08		<input type="checkbox"/>	<input type="checkbox"/>
TAKE HOME PROCEDURE			
		YES	NO
Take Home Allowed – Ph 601.14(c)(7)		<input type="checkbox"/>	<input type="checkbox"/>
Approx. How Many Clients			
Prepared By (Name & Title)			
Procedure:			
		Compliant	Not Compliant
Maintenance Log – Ph 601.14(c)		<input type="checkbox"/>	<input type="checkbox"/>
Proper Container		<input type="checkbox"/>	<input type="checkbox"/>
Take Home Labels – Ph 601.15			
Contain: ↓		Compliant	Not Compliant
• Name & Address of Clinic – Ph 601.15(a)(1)		<input type="checkbox"/>	<input type="checkbox"/>
• Name of Patient – Ph 601.15(a)(2)		<input type="checkbox"/>	<input type="checkbox"/>
• Date Dispensed – Ph 601.15(a)(3)		<input type="checkbox"/>	<input type="checkbox"/>
• Drug Name, Strength & Qty. Dispensed Ph 601.15(a)(4)		<input type="checkbox"/>	<input type="checkbox"/>
• Direction for Use – Ph 601.15(a)(5)		<input type="checkbox"/>	<input type="checkbox"/>
• Name of Prescriber – Ph 601.15(a)(6)		<input type="checkbox"/>	<input type="checkbox"/>
• Name/Initials of Dispenser – Ph 601.15(a)(7)		<input type="checkbox"/>	<input type="checkbox"/>
• Pertinent Auxiliary Labels – Ph 601.15(a)(8)		<input type="checkbox"/>	<input type="checkbox"/>
DISPENSING RECORDS – Ph 601.14-15			
Clients Listed By: <input type="checkbox"/> Name <input type="checkbox"/> Coded <input type="checkbox"/> Cross Referenced			
		YES	NO
Proof of ID Prior to Administration		<input type="checkbox"/>	<input type="checkbox"/>
Random Screens By: <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Frequency:		
Screened For: <input type="checkbox"/> Methadone <input type="checkbox"/> Marijuana <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Other Opioids <input type="checkbox"/> Other:			

