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

MANUFACTURER / WHOLESALER PRIMARY SITE INSPECTION

Facility Name	
Street Address	
City / State / Zip	
Email Address of Facility Contact	
Phone #	

FACILITY		
Type of Facility:	❑ Warehouse ❑ Office Building ❑ Condo Unit ❑ Other:	
	Yes	**No**
Commercially Zoned	❑	❑
• Documentation Available	❑	❑
Adequate Outside Lighting	❑	❑
Adequate Temperature / Humidity / Ventilation	❑	❑

SECURITY		
	Yes	**No**
Alarm Installed Date:	❑	❑
Certificate of Installation	❑	❑
Signal Sent To:		
	Yes	**No**
Local Police Notified	❑	❑
Alarm Documentation Attached	❑	❑
Security - Notes / Comments:		

Comments / Recommendations:

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

Signature of Board of Pharmacy Inspector _____ Date _____

Signature of Clinic 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