

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

Site Name			
Practitioner	Registered with the NH PDMP per RSA 318-B:33? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DEA Reg. #:		DEA Reg. Exp. Date	
Street Address			
City / State / Zip			
Email Address of Site Contact			
Phone #			
Date of Inspection:			
Inspection Start Time:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
Site Type:	<input type="checkbox"/> Clinic <input type="checkbox"/> Private Office <input type="checkbox"/> Group Practice <input type="checkbox"/> Walk-In Center <input type="checkbox"/> Other:		
Other Practitioners at This Location (Request List From Site or List Below)			
Full Name	Profession	DEA #	PDMP Reg.? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
*If Practitioner(s) Use Delegate(s) for PDMP, Request List from Site Manager or List Below:			
*Delegates:			

Practitioner / Clinic – Inspection Form

A. GENERAL FACILITY			
	Compliant	Not Compliant	
1. Drugs Secure from Patient Access	<input type="checkbox"/>	<input type="checkbox"/>	
2. C/S on Premises	<input type="checkbox"/> N/A	<input type="checkbox"/> Samples	<input type="checkbox"/> Stock
3. Non C/S on Premises	<input type="checkbox"/> N/A	<input type="checkbox"/> Samples	<input type="checkbox"/> Stock
4. C/S Locked (21 CFR 1301.72)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. C/S Inventory Shared	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Excessive Outdated Stock	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Drug Destruction Done	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Available for Inspection	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person in Charge of Security:			
8. Prepackaging Done	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checked by Whom:			
	Compliant	Not Compliant	
9. Packaging Conforming to Ph 703.02	<input type="checkbox"/>	<input type="checkbox"/>	
10. Label Conforming (RSA 318-B:13,III & 703.02(b))	<input type="checkbox"/>	<input type="checkbox"/>	
11. C/S (RSA 318-B:9):	<input type="checkbox"/> Dispensed	<input type="checkbox"/>	
	<input type="checkbox"/> Administered	<input type="checkbox"/>	
* If C/S, also Use C/S Inspection Form			
12. Non C/S (RSA 318:42):	<input type="checkbox"/> Dispensed	<input type="checkbox"/>	
	<input type="checkbox"/> Administered	<input type="checkbox"/>	
13. Are Multi-Dose Injectables Used:			<input type="checkbox"/> Yes <input type="checkbox"/> No
- If So, Are They Labeled w/ Correct Exp. Date?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Compliant	Not Compliant	
14. Rx Pads (General) Secure	<input type="checkbox"/>	<input type="checkbox"/>	
15. Drugs Purchased from Board Licensed Mft/Whol/Dist (RSA 318-B:3) <i>From Which Companies:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Process for Ordering C/S:			
17. Are Non-C/S Being Dispensed Under Supervision of Veterinarian?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. An Unaccounted Losses of C/S in Past 2 Years?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. If So, Was Loss Reported Per Ph 703.03?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Refrigerated / Frozen Drugs or Vaccines? (Ph 702.02)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

