

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

Public Health Clinic – Inspection Form

B. GENERAL FACILITY

1. **Staffing:** Attach Listing (To Be Provided By Clinic) of All Clinic Staff Authorized to Dispense.

	Compliant	Not Compliant
2. All Licenses Displayed & Current	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinic Is Authorized/Approved by DHHS	<input type="checkbox"/>	<input type="checkbox"/>
• Formulary Approved by DHHS	<input type="checkbox"/>	<input type="checkbox"/>
4. Locked When Practitioner Out of Building - Ph 601.11(c)	<input type="checkbox"/>	<input type="checkbox"/>
5. Facility Clean & Organized	<input type="checkbox"/>	<input type="checkbox"/>
6. Adequate Space - Ph 601.09	<input type="checkbox"/>	<input type="checkbox"/>
7. Dispensing Protocols & Procedures Present	<input type="checkbox"/>	<input type="checkbox"/>
a. Contains List of Nurses Who Can Dispense * Attach List	<input type="checkbox"/>	<input type="checkbox"/>
b. Consultant pharmacist protocol on how drug destruction handled?	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of Consultant Contract Present – Ph 601.04	<input type="checkbox"/>	<input type="checkbox"/>
9. Site Inspection by Consultant Pharmacist: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Ph 305.02)		
	Compliant	Not Compliant
10. Consultant Inspection On File – Ph 601.10 (f)	<input type="checkbox"/>	<input type="checkbox"/>
11. Records of Drug Destruction – Ph 707.03 (a),(b)(1),(b)(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>
12. Drug Supply Secure from Patients Access – Ph 601.10(a)	<input type="checkbox"/>	<input type="checkbox"/>
13. Drug Supply Secure from Unauthorized Access – Ph 601.10(a)	<input type="checkbox"/>	<input type="checkbox"/>
14. Drug Dispensed Within Scope of Practice for Clinic – Ph 601.11(a)	<input type="checkbox"/>	<input type="checkbox"/>
15. Proper Containers Used in Dispensing - Ph 601.15(a)	<input type="checkbox"/>	<input type="checkbox"/>
16. Patient Assisted Medication Program	<input type="checkbox"/>	<input type="checkbox"/>
17. Records in Order	<input type="checkbox"/>	<input type="checkbox"/>
18. Authorized Practitioner Present When Drug Delivered – Ph 601.12 (a)	<input type="checkbox"/>	<input type="checkbox"/>
19. Excessive Outdated Stock	<input type="checkbox"/>	<input type="checkbox"/>
20. Outdated Stock Isolated And Properly Stored - Ph 702.03	<input type="checkbox"/>	<input type="checkbox"/>
21. Person In Charge of Recordkeeping →		
22. Dispensing Records Compliant with Ph 601.14(a)(b)(d)	<input type="checkbox"/>	<input type="checkbox"/>
a. Dispensing Records Contain:		
<input type="checkbox"/> Name of Drug <input type="checkbox"/> Strength <input type="checkbox"/> Patient Name <input type="checkbox"/> Patient Address		
<input type="checkbox"/> Quantity Dispensed <input type="checkbox"/> Prescriber ID <input type="checkbox"/> Dispenser Signature		
23. Samples Present	<input type="checkbox"/>	<input type="checkbox"/>

A. GENERAL FACILITY

Clinic Name	
Street Address	
City / State / Zip	
Email Address of Clinic Contact	
Phone #	
Date of Last Inspection	
Previous Issues Noted, Discipline, or Notice of Violation	
NH License #:	
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? <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:	
Is the consultant pharmacist 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.	

