

# State of 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/

## INSPECTION FORM

### Prescription Device / Medical Gas Distributor

<b>Date of Inspection:</b>		<b>Start Time:</b>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<b>End Time:</b>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<b>NH License # :</b>		<b>District #:</b>		<b>Person In Charge:</b>	

**Demographic Information:**

Facility Name: _____ Street Address: _____ City / State / Zip: _____	Telephone: _____ E-Mail Address: _____
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Telephone: \_\_\_\_\_

A. General Facility:			C. Record Keeping:		
Area Inspected:	YES	NO	Area Inspected:	YES	NO
1. Adequate Space (Ph 601.09)	<input type="checkbox"/>	<input type="checkbox"/>	1. Orders Readily Retrievable: (If no, explain in comments)	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper Signage:	<input type="checkbox"/>	<input type="checkbox"/>	2. Orders Signed by Providers: (If no, explain in comments)	<input type="checkbox"/>	<input type="checkbox"/>
3. Commercially Zoned:	<input type="checkbox"/>	<input type="checkbox"/>	3. Invoices Readily Retrievable (Ph 601.14):	<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate Ventilation (Ph 1002.01):	<input type="checkbox"/>	<input type="checkbox"/>	D. Policies & Procedures: * How Often Updated: _____		
5. Neat & Clean:	<input type="checkbox"/>	<input type="checkbox"/>	Area Inspected:	YES	NO
6. Medical Gas Cylinders Stored Upright:	<input type="checkbox"/>	<input type="checkbox"/>	1. Returned Goods (Ph 1002.07):	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical Gas Cylinders Secured:	<input type="checkbox"/>	<input type="checkbox"/>	2. Shipping & Receiving (Ph 1002.10):	<input type="checkbox"/>	<input type="checkbox"/>
B. Security – General (Ph 601.10):			3. Recalls (Ph 1002.08):	<input type="checkbox"/>	<input type="checkbox"/>
Area Inspected:	YES	NO	• Tracking Lot #	<input type="checkbox"/>	<input type="checkbox"/>
1. Alarmed (Ph 601.10(a)(b))	<input type="checkbox"/>	<input type="checkbox"/>	• Outdates	<input type="checkbox"/>	<input type="checkbox"/>
2. Alarm Last Tested On:			• Emergencies	<input type="checkbox"/>	<input type="checkbox"/>
3. Alarm Signal To Police:	<input type="checkbox"/>	<input type="checkbox"/>	○ Disaster Preparedness Plan	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff Member Notified On Alarm Activation:	<input type="checkbox"/>	<input type="checkbox"/>	○ Patients	<input type="checkbox"/>	<input type="checkbox"/>

**Inspector's Comments / Recommendations:**

**Board of Pharmacy Inspector and Facility / Pharmacy Representative Signatures:**

Inspector's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Rep. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signature Is Not An Indication That You Agree With Inspection Findings, Only That You Were Present During Inspection  
Rev. 1/18