

New Hampshire Board of Pharmacy

121 South Fruit Street, Suite 401
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Website: www.oplc.nh.gov/pharmacy

Retail Pharmacy – Inspection Form

C. GENERAL FACILITY – LICENSE/REGISTRATION

	Compliant	Not Compliant
1. Pharmacy Permit Displayed & Current (RSA 318:38)	<input type="checkbox"/>	<input type="checkbox"/>
2. Combat Methamphetamine Reg. Posted & Current	<input type="checkbox"/>	<input type="checkbox"/>
3. DEA Reg. Posted & Current (Ph 702.07)	<input type="checkbox"/>	<input type="checkbox"/>
4. Other Licenses/Registrations Posted & Current	<input type="checkbox"/>	<input type="checkbox"/>

a. List:

	Compliant	Not Compliant
5. Proper ID Badges on All Pharmacy Staff (Ph 807.01, 1606.01)	<input type="checkbox"/>	<input type="checkbox"/>
6. Biennial Inventory (Ph 1002.14) Done: (Date) ↓	<input type="checkbox"/>	<input type="checkbox"/>
7. PIC Change in Last 12 Months: <input type="checkbox"/> Yes <input type="checkbox"/> No Inventory (Ph 704.13) Date:		
8. Outpatient Dispensing: <input type="checkbox"/> Non-Refill/Discharge <input type="checkbox"/> Same-Day Surgery (If Hospital-Retail Pharmacy): <input type="checkbox"/> Special Programs (List):		

	Compliant	Not Compliant
9. Review of Pharmacy Technician Training Program (Ph 803.01)	<input type="checkbox"/>	<input type="checkbox"/>
10. If Any Remodels – Notifications Sent to BOP (Ph 306.02) Date of Remodel:	<input type="checkbox"/>	<input type="checkbox"/>
11. Private Counseling Room	<input type="checkbox"/>	<input type="checkbox"/>

D. PHARMACY OPERATIONS

	Compliant	Not Compliant
1. Pharmacy Clean (Ph 404.03)	<input type="checkbox"/>	<input type="checkbox"/>
2. Adequate Space for Pharmacy Operations (Ph 404.03)	<input type="checkbox"/>	<input type="checkbox"/>
3. Adequate Security Maintained (Ph 601.10)	<input type="checkbox"/>	<input type="checkbox"/>
4. Alarmed (Ph 303.01) Date Last Tested:	<input type="checkbox"/>	<input type="checkbox"/>
5. Hot/Cold Running Water Functioning (Ph 404.03)	<input type="checkbox"/>	<input type="checkbox"/>
6. Drug Reference Available (Ph 703.04)	<input type="checkbox"/>	<input type="checkbox"/>
7. NH Pharmacy Laws/Rules – Either in Book or Online Format (Ph702.07)	<input type="checkbox"/>	<input type="checkbox"/>
8. Dispensing Equipment Clean & Operable (Ph 404.03)	<input type="checkbox"/>	<input type="checkbox"/>
9. Automated Systems Clean & Operable (Ph 703.04)	<input type="checkbox"/>	<input type="checkbox"/>
10. Policies & Procedures Readily Retrievable (Ph 709.04)	<input type="checkbox"/>	<input type="checkbox"/>
a. Current	<input type="checkbox"/>	<input type="checkbox"/>
b. How Updated:		

A. DEMOGRAPHIC INFORMATION

Pharmacy Name			
Street Address			
City / State / Zip			
Email Address			
Phone #		Fax #	
NH License #:		Date of Last Inspection	
Previous Issues Noted, Discipline, or Notice of Violation			
Pharmacy Hours			
Pharmacy Software		Rx Vol/Day	
Restrictions Noted on Pharmacy Permit			
Pharmacy DEA Registration #		DEA Exp. Date	
Name of Pharmacist In Charge:		P.I.C. Lic. #	
Name of Pharmacist On Duty:		P.O.D. Lic. #	
Date of Inspection:		Inspection Start Time:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Type of Inspection	<input type="checkbox"/> Routine <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change		
	<input type="checkbox"/> New Pharmacy: <input type="checkbox"/> Primary Insp. <input type="checkbox"/> Secondary Insp.		
	<input type="checkbox"/> Follow-Up – Due to: <input type="checkbox"/> Discipline <input type="checkbox"/> Complaint <input type="checkbox"/> Theft/Loss <input type="checkbox"/> Warning		

B. STAFFING

Attach Listing (To Be Provided By Pharmacy) of All Pharmacy Staff – must include all **pharmacists, pharmacy technicians, and pharmacy interns** and their NH License Numbers.

Is the pharmacy and all pharmacists on staff registered with the NH Prescription Drug Monitoring Program per RSA 318-B:33?

Yes No

Date Verified With NH PDMP _____
Verified by: _____

D. PHARMACY OPERATIONS (Continued)			
	Compliant		Not Compliant
1. Policy for Dispensing Narcan / Naloxone	<input type="checkbox"/>		<input type="checkbox"/>
a. Type of Narcan / Naloxone Available			
	Yes	No	
2. Are syringes sold without a Prescription?	<input type="checkbox"/>		<input type="checkbox"/>
3. Does pharmacy participate in a syringe exchange program?	<input type="checkbox"/>		<input type="checkbox"/>
	N/A	Compliant	Not Compliant
4. Compounding Medications (Ph 604.03)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Log Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Master Formularies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Compounding Area Clean / Neat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hazardous Drug Compounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Compliant		Not Compliant
5. Allergies Noted (Ph 706.01)	<input type="checkbox"/>		<input type="checkbox"/>
6. Purified Water System Adequate (Ph 404.03)	<input type="checkbox"/>		<input type="checkbox"/>
7. Break Policy Followed (Ph 704.01)	<input type="checkbox"/>		<input type="checkbox"/>
a. Type of Break Policy:	<input type="checkbox"/> Pharmacy Remains Open with Proper Signage - <input type="checkbox"/> Dispensing Record <input type="checkbox"/> Pharmacy Closes with Proper Signage		
	Yes	No	
8. Are C/S Available? <i>* If yes, also use C/S Inspection Form</i>	<input type="checkbox"/>		<input type="checkbox"/>
E. PHARMACIST SUPERVISION (Ph 704.11)			
	Compliant		Not Compliant
1. Organized Workflow	<input type="checkbox"/>		<input type="checkbox"/>
2. Clean Work Environment (Bench)	<input type="checkbox"/>		<input type="checkbox"/>
3. Technicians Properly Supervised by Pharmacist	<input type="checkbox"/>		<input type="checkbox"/>
4. Fit Place to Work Per RSA 318:38	<input type="checkbox"/>		<input type="checkbox"/>
F. DRUG / INVENTORY STORAGE (Ph 702.02)			
	Compliant		Not Compliant
1. Refrigerated Drug Storage in Required Range	<input type="checkbox"/>		<input type="checkbox"/>
2. Frozen Drug Storage in Required Range	<input type="checkbox"/>		<input type="checkbox"/>
3. Temperature Monitoring Log Maintained	<input type="checkbox"/>		<input type="checkbox"/>
a. Temperature Log Type:	<input type="checkbox"/> Electronic Log <input type="checkbox"/> Log Book		
	Compliant		Not Compliant
4. Pharmacy Temperature in Required Range (Ph 702.02)	<input type="checkbox"/>		<input type="checkbox"/>

F. DRUG / INVENTORY STORAGE [Ph 702.02] (Continued)			
5. Expired/Misbranded/Adulterated Drugs Separate from Active Inventory (Ph 701.02)	<input type="checkbox"/>		<input type="checkbox"/>
6. Return to Stock Prescriptions Properly Labeled in Original Containers	<input type="checkbox"/>		<input type="checkbox"/>
7. Hazardous Drugs Properly Segregated (Ph 1002.06)	<input type="checkbox"/>		<input type="checkbox"/>
8. Drug Destruction on Premises (Ph 707.01 - 707.05)	<input type="checkbox"/>		<input type="checkbox"/>
G. RECORDKEEPING OF NON-CONTROLLED DRUGS			
	Compliant		Not Compliant
1. Recalls Handled in Proper Manner (Ph 1002.08)	<input type="checkbox"/>		<input type="checkbox"/>
2. Stored Transfers Handled in Proper Manner (Ph 704.04)	<input type="checkbox"/>		<input type="checkbox"/>
3. Returns Handled in Proper Manner (Ph 704.07)	<input type="checkbox"/>		<input type="checkbox"/>
a. Reverse Distributor			
	Compliant		Not Compliant
4. No Excessive Outdated / Hazardous Drugs (Ph 1002.05)	<input type="checkbox"/>		<input type="checkbox"/>
5. Hazardous Drugs Handled in Proper Manner (Ph 1002.05)	<input type="checkbox"/>		<input type="checkbox"/>
a. Hazardous Drug Reverse Distributor			
	Compliant		Not Compliant
6. Nightly Reports Reviewed/Signed	<input type="checkbox"/>		<input type="checkbox"/>
7. Log Book Available	<input type="checkbox"/>		<input type="checkbox"/>
8. Prescription Files Adequately Maintained	<input type="checkbox"/>		<input type="checkbox"/>
9. Electronic Records Comply With Rules	<input type="checkbox"/>		<input type="checkbox"/>
H. DISPENSING OF PRESCRIPTIONS			
	Compliant		Not Compliant
1. Sampled Rx's (Noted Below) Comply With Rx Requirements (Ph 601.14)	<input type="checkbox"/>		<input type="checkbox"/>
a. Audited Rx #	Includes: <input type="checkbox"/> Patient Name <input type="checkbox"/> Drug <input type="checkbox"/> Strength <input type="checkbox"/> Quantity <input type="checkbox"/> Directions <input type="checkbox"/> Practitioner <input type="checkbox"/> Proper Ancillary Labels <input type="checkbox"/> DEA # <input type="checkbox"/> Mandatory Counseling		
b. Audited Rx #	Includes: <input type="checkbox"/> Patient Name <input type="checkbox"/> Drug <input type="checkbox"/> Strength <input type="checkbox"/> Quantity <input type="checkbox"/> Directions <input type="checkbox"/> Practitioner <input type="checkbox"/> Proper Ancillary Labels <input type="checkbox"/> DEA # <input type="checkbox"/> Mandatory Counseling		
c. Audited Rx #	Includes: <input type="checkbox"/> Patient Name <input type="checkbox"/> Drug <input type="checkbox"/> Strength <input type="checkbox"/> Quantity <input type="checkbox"/> Directions <input type="checkbox"/> Practitioner <input type="checkbox"/> Proper Ancillary Labels <input type="checkbox"/> DEA # <input type="checkbox"/> Mandatory Counseling		

