

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

PHARMACY - PRIMARY SITE INSPECTION

Pharmacy Name	
Street Address	
City / State / Zip	
Pharmacy Phone #	
Pharmacy Fax #	
Pharmacist-In-Charge:	
PIC License #	
Email Address of Pharmacy Contact	
Phone #	

	Yes	No
9. Sample Prescription Labels	<input type="checkbox"/>	<input type="checkbox"/>
10. General Security Accurate	<input type="checkbox"/>	<input type="checkbox"/>
11. Alarm System Installed Date:	<input type="checkbox"/>	<input type="checkbox"/>
12. CII Inventory To Be: <input type="checkbox"/> Locked <input type="checkbox"/> Dispersed		
	Yes	No
13. Rx Dept. Secure from Public Access	<input type="checkbox"/>	<input type="checkbox"/>
14. Pharmacist Not on Duty Sign	<input type="checkbox"/>	<input type="checkbox"/>
15. Pharmacist Lunch Break Sign	<input type="checkbox"/>	<input type="checkbox"/>
16. Lunch Break Prescription Sales Log	<input type="checkbox"/>	<input type="checkbox"/>

*** Pharmacy Staff:**
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.

Are all the pharmacists on staff registered with the NH Prescription Drug Monitoring Program? Yes No

Date Verified With NH PDMP _____ Verified by: _____
* Inspector: Notify PIC of need to register pharmacy with PDMP immediately upon issuance of pharmacy permit.

B. If Licensing Pharmacy Department Only (Complete Below):

1. Name of Primary Business In Which Pharmacy Is Located:

	Yes	No
2. Pharmacy Dept. Security Adequate	<input type="checkbox"/>	<input type="checkbox"/>
3. Hours of Operation of Primary Business:		
4. Hours of Operation of Pharmacy Dept:		

A. All Items Below Must Be Completed Prior to Primary Inspection & Before Temporary Permit is Issued

	Yes	No
1. Drug Storage Bays & Compounding Area Adequate	<input type="checkbox"/>	<input type="checkbox"/>
2. Plumbing Complete	<input type="checkbox"/>	<input type="checkbox"/>
3. Hot & Cold Running Water	<input type="checkbox"/>	<input type="checkbox"/>
4. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
5. Sanitary Tablet Counter	<input type="checkbox"/>	<input type="checkbox"/>
6. All other Equipment Complete	<input type="checkbox"/>	<input type="checkbox"/>
7. Class A Balance & Weights	<input type="checkbox"/>	<input type="checkbox"/>
8. Current Reference & Law Book	<input type="checkbox"/>	<input type="checkbox"/>

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 Pharmacist-In-Charge _____ 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.