



State of New Hampshire – Board of Pharmacy
7 Eagle Square, Concord, NH 03301



Retail Pharmacy / Pharmacist-In-Charge – Self-Inspection Report

*Form Must Be Kept on File and Readily Retrievable / Presented to Board Inspectors During Your Next Regular Board of Pharmacy Inspection.
 You must also fax or scan/email this entire Self-Inspection Form to the Board as confirmation that the self-inspection was completed.*

Reason for Self-Inspection:	<input type="checkbox"/> Annual <input type="checkbox"/> Biennial <input type="checkbox"/> PIC Change <input type="checkbox"/> Audit <input type="checkbox"/> Other – list →:		
Date Completed			
Name of Pharmacy			
Address of Pharmacy			
Pharmacy License #			
DEA Registration #		DEA Registration Expiration Date:	
Phone #			
Fax #			
Hours of Operation			
Security Cameras	<input type="checkbox"/> Yes - How many: _____		<input type="checkbox"/> No
Last Alarm Test			
PIC (Name, License #, Personal Email)			
Date you became PIC of this pharmacy?			
Was controlled drug inventory done within 3 days of Board approval? (Ph 704.13)	<input type="checkbox"/> Yes – Date Done: _____		<input type="checkbox"/> No

1. Pharmacy Staff List

Attach a complete list / staff printout of all staff employed in the pharmacy / prescription department. List must include all pharmacists, pharmacy interns, certified pharmacy technicians, and registered pharmacy technicians. List must include the following for each employee: full name, NH Board of Pharmacy issued license/registration number, and expiration date of this license/registration number. The list of registered pharmacy technicians must also include whether or not each is in training to be a certified pharmacy technician and include the date the technician started this training.

* If you do not have a staff printout available, you may print out a form to list your staff at <https://www.oplc.nh.gov/pharmacy/compliance.htm>

1-A. Pharmacy Personnel Questions

Item	Yes	No	N/A	Corrective Action / Comments
Are all support personnel under the immediate supervision of a pharmacist?				
Do all certified pharmacy technicians perform only those tasks allowed under Ph 812.02?				
Do all staff follow rule Ph 704.01(a) regarding pharmacist break policy? If Yes, list the time each day in the comments section to the right and whether there is proper signage displayed in the pharmacy regarding this break.				

2. Documents & Records

Item	Yes	No	N/A	Corrective Action / Comments
A copy of the most recent inspection report is readily retrievable / on file within the pharmacy?				
Most recent biennial controlled substance inventory is available and readily retrievable? If Yes, list in the comments section to the right, the date this was last done?				
Schedule II-V invoices for past 24 months readily retrievable?				

Item	Yes	No	N/A	Corrective Action / Comments
Completed CII order forms (DEA Form 222) for past 24 months readily retrievable?				
Completed CSOS order forms for past 24 months are readily retrievable?				

3. Licenses & Permits

Item	Yes	No	N/A	Corrective Action / Comments
Is the current state pharmacy permit posted, displayed and plainly visible?				
Is the current DEA Certificate posted, displayed and plainly visible?				
Does the pharmacy have a current Combat Methamphetamine Certificate? If Yes, enter the expiration date in the comments section to the right.				
Are pharmacists trained on accessing the dispensing data of the Appriss PSE (pseudoephedrine) tracking system?				
Is the current license of all pharmacists practicing at this pharmacy posted, displayed and plainly visible?				
Is there proper signage indicating the pharmacist rest break posted, displayed, and plainly visible?				

4. Reference Materials

Item	Yes	No	N/A	Corrective Action / Comments
Current New Hampshire Pharmacy Law Book, hard copy or electronic/online, available in pharmacy?				
Information available on therapeutic substitution of biologics?				

5. Pharmacy Policies & Procedures

Item	Yes	No	N/A	Policy # and Location
Are Company/Pharmacy Policies and Procedures available on line to all employees at work?				
Are all employees trained to access Company/Pharmacy Policies and Procedures at work?				
Are Company/Pharmacy Policies and Procedures available on the dispensing of pharmaceuticals?				
Are Policies and Procedures available on the monitoring and removal of recalled and/or outdated drugs?				
Are Policies and Procedures available on Robotic Dispensing Systems?				
Are Policies and Procedures available for handling hazardous waste (i.e. sharps container use)?				
Are Policies and Procedures available regarding non-sterile compounding?				
Are Policies and Procedures available regarding vaccine administration?				
Are Policies and Procedures available regarding Quality Assurance?				
Are Policies and Procedures available regarding pharmacist break policy?				

6. Physical Facilities

Item	Yes	No	N/A	Corrective Action / Comments
Does the pharmacy have a sink with hot and cold running water?				
Is the pharmacy area clean and free of clutter?				
Are the pharmacy shelves clean and orderly?				
Are the pharmacy counter areas clean and not cluttered?				

Item	Yes	No	N/A	Corrective Action / Comments
Is the pharmacy narcotic cabinet (if applicable) locked?				
Is the pharmacy's refrigerator/freezer clean and orderly?				
Is the pharmacy's refrigerator temperature maintained (36-46 degrees)?				
Is the pharmacy's freezer temperature maintained?				
Is the ambient temperature of the pharmacy itself maintained between 66 and 78 degrees?				
Has the pharmacy balance been calibrated?				
Who calibrated the pharmacy balance?				
Pharmacy Security: Who has keys to access the pharmacy? Describe by title (E.G. all pharmacist)				
Pharmacy Security: Does the pharmacy have a Policy & Procedure that prevents unauthorized access to the pharmacy?				

7. Patient Counseling

Item	Yes	No	N/A	Corrective Action / Comments
Does the pharmacy contain a separate patient counseling area?				
Is a patient's refusal/acceptance of counseling documented? Describe how the record is kept in comments area to right.				
How is a new prescription identified as requiring counseling by a pharmacist?				

8. Compounding in Pharmacy

Item	Yes	No	N/A	Corrective Action / Comments
Is all non-sterile compounding (not including reconstituting antibiotics) performed only by a Pharmacist or Certified Pharmacy Technician?				
Is a log maintained, per FDA regulations, that lists all of the ingredients and product information used in the compound?				
Is a master formulary list available or readily retrievable?				
Is adequate hand and equipment washing facilities easily accessible to compounding areas?				

9. Pharmacy Dispensing

Item	Yes	No	N/A	Corrective Action / Comments
Are automatic counting devices used in the pharmacy? If Yes, is there a Policy & Procedure for cleaning and replenishment of the device? (Note in comments box to the right)				
If yes, does each cell contain the following: <ul style="list-style-type: none"> • Name of drug • Manufacturer's name and NDC • Date filled • Batch/lot number and expiration date of batch/lot? 				
Do Rx profiles include allergy information and chronic diseases?				
Do Rx profiles include initials of dispensing pharmacist?				
Do Rx profiles include pharmacist comments?				
Are all telephoned prescriptions dated and initialed and documented with the name of the person who called in the prescription when transcribed to paper?				
Are child resistant containers noted in profiles?				

Item	Yes	No	N/A	Corrective Action / Comments	
How often are the stock bottles checked for outdated, mislabeled or adulterated drugs?					
Are outdated, mislabeled or adulterated drugs separated from stock, held in secure area, and properly labeled?					
Check three telephone in, controlled drug prescriptions transferred <u>into</u> the pharmacy (list Rx #s in Comments box to right). <ul style="list-style-type: none"> Was all appropriate information included for each Rx per Ph 704.04? 				Rx #: Rx #: Rx #:	
Check three controlled drug prescriptions transferred <u>out</u> of the pharmacy if applicable filled in the last 3 months, (list Rx #s in Comments box to right). <ul style="list-style-type: none"> Has prescription been cancelled? 				Enter each Rx #: Rx #: Rx #: Rx #:	Was each Rx Cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Continuous Quality Improvement (CQI)

Item	Yes	No	N/A	Corrective Action / Comments	
Does pharmacy maintain a written copy of its CQI Program description in pharmacy or readily retrievable?					
Does the pharmacy have a current log of mandatory CQI meetings and proper documentation?					
List the date of the last CQI meeting in the comment section.					

11. Immunizations

Item	Yes	No	N/A	Corrective Action / Comments
Is the pharmacy immunizing?				
Is proof available onsite that each immunizing pharmacist meets the educational requirements, including having current CPR certification?				
Are all of the pharmacy's immunizing pharmacists registered with the Board as immunizing pharmacists?				
Are prescriptions or the physician approved protocol current and available for inspection?				
Is there a policy and procedure manual on immunization?				
Are signed copies of patient immunization consent forms retained and readily available?				
When a patient so authorizes, are providers notified when a patient is given an immunization?				
Does the documentation of each injection include the name of the medication administered, lot # and expiration date?				
Does the documentation of each injection include the name of the pharmacist administering injection?				

12. Controlled Substances

Item	Yes	No	N/A	Corrective Action / Comments
Do you order schedule II controlled substances with a paper DEA 222 form? (If no the Board will assume you use CSOS)				
Are Schedule II order forms and invoices filed separately?				
Are Schedule III-V invoices filed separately from other invoices?				
Are controlled drugs returned for disposal via a reverse distributor? <ul style="list-style-type: none"> If yes, name of Reverse Distributor: 				

Item	Yes	No	N/A	Corrective Action / Comments
<p>Has there been any loss of controlled substances since last inspection?</p> <ul style="list-style-type: none"> • If yes, total number of reports: _____ • If yes, did you complete and submit a report of theft/loss of controlled substances to the Board and DEA? <input type="checkbox"/> Yes <input type="checkbox"/> No 				
<p>Did the pharmacist in charge change since your last inspection?</p> <ul style="list-style-type: none"> • If Yes, answer the following: <p>PIC Change Date: _____</p> <p>Date a physical controlled substance inventory was done as part of PIC Change: _____</p> <p>Was the Board notified about the PIC change? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>Do prescriptions for controlled substances contain the prescriber's name, address, phone number and DEA#?</p>				
<p>Do prescriptions for controlled substances contain the date of issue?</p>				
<p>Do prescriptions for controlled substances contain the date of filling?</p>				
<p>Does the pharmacy have a Policy & Procedure for verifying control drug prescriptions?</p>				
<p>Are Schedule II prescriptions filed separately from other prescriptions?</p>				
<p>Are all Schedule II prescriptions dispensed from the pharmacy for no more than a 34-day supply?</p>				
<p>“Do not fill until _____” notations are in compliances and not filled prematurely.</p>				

Item	Yes	No	N/A	Corrective Action / Comments
Was the NH Prescription Drug Monitoring Program checked and verified before filling all Schedule II prescriptions.				
Are Schedule II prescriptions accepted electronically?				
Are electronically ordered Schedule II prescriptions kept on file if they are printed out? • If yes, are they marked “ <i>Copy only—not valid for dispensing.</i> ” <input type="checkbox"/> Yes <input type="checkbox"/> No • Enter the phrase /wording printed or stamped on these print outs.				
Are hard copies of Schedule II prescriptions cancelled and signed and dated by the filling pharmacist?				
If a Schedule II prescription is partially filled, is the notation on prescription or electronic file correct and dated?				
Is a monthly perpetual inventory of all Schedule II drugs available for inspection?				
Does the pharmacy stock Naloxone? • If yes, list medication in stock: <input type="checkbox"/> Narcan ® <input type="checkbox"/> Naloxone with Nasal Atomizer				
Does pharmacy dispense Naloxone on standing order? • If yes, how many Rx’s of Naloxone have been dispensed since last inspection: _____ (estimate)				

↩ Self-Inspection Form Continued on Next Page ↪



Note: This entire report (all 11-pages) must be faxed to the Board at 603-271-2856 or scanned and emailed to pharmacy.compliance@oplcr.nh.gov upon completion.



12-A. Controlled Substance Audit – Complete the following table for 3 separate Schedule II controlled substances in stock at the pharmacy which were dispensed during the audit period. It is NOT ACCEPTABLE to choose drugs that were not dispensed during the audit period and then reporting “zero” sales.

Name of Pharmacy		NH Pharmacy Permit #				
Audit Period:		From: _____ <i>Should be Date of Last Biennial Inventory or PIC Change Inventory (Whichever is Most Recent)</i>		To: _____ <i>Date This Audit Was Take (Should Be Today's Date)</i>		
Name of CII Drugs Audited	Amount On Hand At Last Inventory	Amount Purchased / Received (In) Since Last Inventory (+)	Amount Sold / Dispensed (Out) Since Last Inventory (-)	Calculated Amount (= Last Inventory Amount (+) Amount Received In (-) Amount Dispensed)	Current Physical Inventory Count	Discrepancy (= Current Physical Inventory (-) Calculated Amount)
<i>Sample</i>	<i>300</i>	<i>(+) 700</i>	<i>(-) 600</i>	<i>= 400</i>	<i>350</i>	<i>Short <u>50</u></i>

* Note: Any losses/discrepancies discovered as part of this Audit, must be reported to the Board on the [NH Controlled Drug Loss Form](#).

Certification of Pharmacist-In-Charge – I certify that I have performed the self-inspection of this pharmacy, as well as the Controlled Substance Audit (Section 12-A above) as of the date noted on this form and affirm that it is an accurate and truthful assessment of the pharmacy as of the date of this self-inspection.

Printed Name of Pharmacist-In-Charge: _____

NH Pharmacist License #: _____

Signature of Pharmacist-In-Charge: _____

Date of Self Inspection: _____

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