

# State of New Hampshire Board of Pharmacy

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Website: www.oplc.nh.gov/pharmacy/

## INSPECTION FORM

### *USP 795 / 797 Compounding and Dispensing Parenterals in an Institutional Setting*

Date of Inspection:		Start Time:	<input type="checkbox"/> A.M.	End Time:	<input type="checkbox"/> A.M.
			<input type="checkbox"/> P.M.		<input type="checkbox"/> P.M.

#### 1. Demographic Information:

Facility / Pharmacy Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone: _____	E-Mail Address: _____
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NH License # of Pharmacy: _____	DEA Registration #: _____	DEA Registration Exp. Date: _____
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#### 2. Permit Restrictions (Listed on Current Permit):

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#### 3. Type of Compounding:

Central Fill Pharmacy     Satellite Pharmacy     IV Admixtures     L.V.P. Services     Other:

#### 4. General Information:

<p>a. Compounding:</p> <p><input type="checkbox"/> Pharmacy    <input type="checkbox"/> Floor    <input type="checkbox"/> Both</p>	<p>b. Hoods (* There may be multiple hoods):</p> <p><input type="checkbox"/> Laminar Flow / CAI    Date Certified: _____</p> <p><input type="checkbox"/> Chemo / CACI    Date Certified: _____</p>
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Area Inspected:	Satisfactory	Unsatisfactory	Not Applicable	Area Inspected:	Satisfactory	Unsatisfactory	Not Applicable
c. Hot/Cold Water in Compounding Area (Ph 404.06(h)):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. All Parenterals Properly Labelled (RSA 318:47-a, Ph 404.03(i)(5)(k)):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Refrigeration in Compounding Area: (1) Temperature Logs Available (Ph 404.05)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Labels Include: <input type="checkbox"/> Patient Name <input type="checkbox"/> Patient Bed # <input type="checkbox"/> Drug <input type="checkbox"/> Diluent <input type="checkbox"/> Date Compounded <input type="checkbox"/> Exp. Date <input type="checkbox"/> ID of Compounder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. Inspector's Comments / Recommendations:

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#### 6. Board of Pharmacy Inspector and Facility / Pharmacy Representative Signatures:

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

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

Signature Is Not An Indication That You Agree With Inspection Findings, Only That You Were Present During Inspection