

# West Virginia Board of Pharmacy

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Charleston, West Virginia 25311

## NEW PHARMACY INSPECTION REPORT

	E-Mail Address	Date
	Phone	Fax
	DEA License #	WVBOP #
	P.I.C.	License #
	Hours	

Is this an Inpatient \_\_\_ or Outpatient \_\_\_ Pharmacy

- |   |  |  |
|---|--|--|
| <p>1 Will this pharmacy perform USP 795 Non-Sterile Compounding? <span style="float: right;">NA__Y__N__</span></p> <p>2 If Yes attach a USP 795 Inspection Form.</p> <p>3 Will this pharmacy perform USP 797 Sterile Compounding? <span style="float: right;">NA__Y__N__</span></p> <p>4 If Yes attach a USP 797 Inspection Form.</p> <p>5 Is the pharmacy area separated from the rest of the store according to Rules? 15-1-14.7.1a <span style="float: right;">NA__Y__N__</span></p> <p>6 Is an alarm system installed for determining breaking and entering? 15-1-14.7.2 <span style="float: right;">NA__Y__N__</span></p> <p>7 Will pharmacists only have keys and code to enter the pharmacy area? 15-1-14.7.2 <span style="float: right;">NA__Y__N__</span></p> <p>8 Is there adequate equipment to prepare prescriptions? 15-1-15.2.2 <span style="float: right;">NA__Y__N__</span></p> <p>9 Is there a sanitary method for measuring liquids? 15-1-15.2.1 <span style="float: right;">NA__Y__N__</span></p> <p>10 Are adequate reference works and materials available? Board Policy <span style="float: right;">NA__Y__N__</span></p> <p>11 Is there a balance and set of weights available? 15-1-15.2.2 <span style="float: right;">NA__Y__N__</span></p> <p>12 Is the pharmacy area temperature control separate from rest of store? Temp_____ 15-1-15.1.2 <span style="float: right;">NA__Y__N__</span></p> <p>13 What is the Refrigerator Temperature? 15-1-15.1.2 _____</p> <p>14 Is the freezer to be used and if so what is its temperature? _____ 15-1-15.1.2 <span style="float: right;">NA__Y__N__</span></p> <p>15 What date does the pharmacy expect to first stock controlled drugs? ___/___/___</p> <p>16 Will all controlled drugs be dispersed among regular stock? 15-2-4.6.9 <span style="float: right;">NA__Y__N__</span></p> <p>17 Will CII drugs be locked in secure safe or cabinet (20 gauge steel or better)? 15-2-4.6.a <span style="float: right;">NA__Y__N__</span></p> <p>18 Is there a current copy of WV Board of Pharmacy Law and Rules available? 15-1-15.2.8 <span style="float: right;">NA__Y__N__</span></p> <p>19 Is a copy of the generic substitution rule posted? 30-5-45b.(o) <span style="float: right;">NA__Y__N__</span></p> <p>20 Is a copy of the Rules of Professional Conduct posted? 15-1-19.15 <span style="float: right;">NA__Y__N__</span></p> <p>21</p> |  | <p>22 What is the name of the pharmacies computer software? _____</p> <p>23 How many separate prescription files does this system generate? _____</p> <p>24 Are adequate reports printable? 15-4-5.2.3 <span style="float: right;">NA__Y__N__</span></p> <p>25 Does daily printout show pharmacist(s) verification &amp; signature line? 15-4-5.2.3 <span style="float: right;">NA__Y__N__</span></p> <p>26 Will the pharmacy maintain a daily log book in lieu of printed report? 15-4-5.2.3 <span style="float: right;">NA__Y__N__</span></p> <p>27 Is the duty pharmacist identified on the prescription record? 15-1-19.13.4 <span style="float: right;">NA__Y__N__</span></p> <p>28 Are the initials of all personnel who have worked on Rx recorded? 15-1-19.13.4 <span style="float: right;">NA__Y__N__</span></p> <p>29 Do the pharmacist's initials appear on the Rx label? 15-1-19.13.4 <span style="float: right;">NA__Y__N__</span></p> <p>30 Does the manufacture's name and drug generic name appear on the Rx label? 30-5-12b(j) <span style="float: right;">NA__Y__N__</span></p> <p>31 If dispensed as equivalent does the Rx label show "Substituted for" "brand"? 15-1-22.1.4(i) <span style="float: right;">NA__Y__N__</span></p> <p>32 Does the Rx label show a beyond use date? 15-1-22.1.4(k) <span style="float: right;">NA__Y__N__</span></p> <p>33 Does the Rx label show the prescriber's name? 15-1-22.1.4.c <span style="float: right;">NA__Y__N__</span></p> <p>34 Does the Rx label show proper title for mid-level practitioners? Not currently required by Rule <span style="float: right;">NA__Y__N__</span></p> <p>35 Will the pharmacy have an ongoing Quality Assurance program in place? 15-1-20.3.2.3 <span style="float: right;">NA__Y__N__</span></p> <p>36 Will the pharmacy conduct Technician training? <span style="float: right;">NA__Y__N__</span></p> <p>37 If so, is there an approved Pharmacy Technician Training manual available? 15-1-20.3.2.4 <span style="float: right;">NA__Y__N__</span></p> <p>38 Is there a separate counseling area available for the pharmacist? 15-1-15.1.1 <span style="float: right;">NA__Y__N__</span></p> <p>39 Does counseling area ensure the privacy &amp; confidentiality of any discussions? 15-1-15.1.1 <span style="float: right;">NA__Y__N__</span></p> <p>40 Is the counseling area convenient to the pharmacist? 15-1-15.1.1 <span style="float: right;">NA__Y__N__</span></p> <p>41 How is Offer to Counsel made if the Rx is mailed or delivered by other means? 15-1-19.13.6</p> <p>42</p> |
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43	Will pharmacists at this pharmacy administer vaccines?	15-12-1	NA__Y__N__	54
44	Are current licenses and CPR certification available & posted?	15-12-3.1.(c)	NA__Y__N__	55
45	Are CDC guidelines in place and to be followed?	15-12-5.1.a	NA__Y__N__	56
46	Are any and all medication review pharmacists licensed in WV?	Board Policy	NA__Y__N__	57
47	Does the pharmacy have a connection to the CSMP?	15-8-3	NA__Y__N__	58
48	Will all Controlled Drug records be submitted to CSMP?	15-8-3	NA__Y__N__	59
49	Will the pharmacy sell pseudoephedrine products?	60A-10-8.b	NA__Y__N__	60
50	Will the pharmacy be registered through the NPLEX System?	60A-10-8.b	NA__Y__N__	61
51				62
52				63
53				64

I certify that the above answers are correct and that I am aware of all my duties and responsibilities as the Pharmacist-in-Charge.

\_\_\_\_\_  
Pharmacist-in-Charge Signature

I recommend this licensure with the following stipulations:

\_\_\_\_\_

I do not recommend this license because of the following:

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Inspector \_\_\_\_\_