



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

Florida
HEALTH

WWW.DOH.STATE.FL.US

File #

Insp #

CLASS I INSTITUTIONAL PHARMACY

ROUTINE [] CHANGE LOC [] NEW [] CURRENTLY NOT OPERATING [] CHANGE OWNER []

INSPECTION AUTHORITY - CHAPTER 465.017, CHAPTER 893.09 AND CHAPTER 456, FLORIDA STATUTES

NAME OF ESTABLISHMENT PERMIT NUMBER DATE OF INSPECTION
DOING BUSINESS AS DEA NUMBER CONSULTANT PHARMACIST
STREET ADDRESS TELEPHONE # EXT.
CITY COUNTY STATE/ZIP CONSULTANT PHARMACIST LICENSE #

Table with 16 rows of inspection criteria and checkboxes for N/A, YES, NO. Includes items like 'Consultant pharmacist of record inspecting monthly...' and 'Emergency kit is readily available...'.

Questions with () may be answered n/a (not applicable)

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

PRINT NAME

ID

Institutional Representative Date Investigator/Sr. Pharmacist Signature