



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
COMMUNITY PHARMACY**

**Florida
HEALTH**

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ROUTINE CHANGE LOC NEW CURRENTLY NOT OPERATING CHANGE OWNER

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

File # _____
Insp # _____

NAME OF ESTABLISHMENT				PERMIT NUMBER				DATE OF INSPECTION					
DOING BUSINESS AS				DEA NUMBER				PRESCRIPTION DEPARTMENT MANAGER					
STREET ADDRESS				TELEPHONE #				EXT.					
CITY		COUNTY		STATE/ZIP				PRESCRIPTION DEPARTMENT MANAGER LICENSE #					
PRESCRIPTION DEPARTMENT HOURS								REGISTERED PHARMACIST/INTERN/TECHNICIAN				LICENSE #	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	1.					
Open								2.					
Close								3.					

		SATISFACTORY	N/A	YES	NO
1	Rx department hours open 5 days for 40 hours per week. [64B16-28.1081, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Pharmacy technicians properly identified and supervised. [64B16-27.420, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Proper signs displayed. [465.025(7), F.S.] [64B16-28.109(1), F.A.C.] [64B16-28.1081, F.A.C.] [64B16-28.1035, F.A.C.] [64B16-27.1001, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Prescription department is clean and safe, has sink/running water convenient to prescription department and adequate equipment as is necessary to the professional practice of pharmacy. [64B16-28.102, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Medication properly labeled. [465.0255, F.S.] [64B16-28.108, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Expired medications removed from the shelves. [64B16-28.110, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	CQI Policy and Procedures and quarterly meetings. [766.101, F.S.] [64B16-27.300, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Board-approved Policy and Procedure implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Prescriptions have the date dispensed and dispensing pharmacists. [893.04(1)(c) 6, F.S.] [64B16-28.140(3)(b), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	All controlled substance prescriptions contain information required. [893.04, F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Prescriptions for controlled substances are on counterfeit-proof prescription pads or blanks purchased from a Department-approved vendor and the quantity and date meet the requirements of [456.42(2), F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Prescriptions may not be filled in excess of one year or six months for controls from the date written. [893.04(1)(g), F.S.] [64B16-27.211, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	DEA 222 order forms properly completed. [893.07, F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Controlled substance records and Rx information in computer system is retrievable. [21CFR 1306.22] [64B16-28.140, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Controlled substance records maintained for 4 years. [465.022(12)(b), F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Certified daily log OR printout maintained. [21CFR 1306.22(b)(3)] [64B16-28.140(3)(b), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Record of theft or significant loss of all controlled substances is being maintained and is being reported to the sheriff within 24 hours of discovery. [893.07(5), F.S.] [465.015, F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Pharmacy is reporting to the PDMP within 7 days of dispensing controlled substance. [893.055(4), F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Pharmacy with a retail pharmacy wholesaler permit is reporting sales to the Controlled Substance Reporting system monthly by the 20th of the following month. [499.0121(14), F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Compounding records properly maintained. [64B16-28.140(4), F.A.C.]*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Unit dose records properly maintained. [465.016(1)(l), F.S.] [64B16-28.118, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Pedigree records are retrievable. [61N-1.012(3), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Preparation time does not exceed 1 hour when preparing, and administration begins not later than 1 hour following start of Immediate use CSPs. [64B16-27.797(1)(j), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Preparation is properly labeled if preparer does not administer or witness administration when preparing immediate-use CSPs. [64B16-27.797(1) (j), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Compliant office use compounding agreement between practitioner and pharmacy available for review. [64B16-27.700 (3)(d)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Complete office use compounding records available for review. [64B16-27.700 (3)(e)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 OF RECIPIENT _____ ID _____

Institutional Representative _____ Date _____ Investigator/Sr. Pharmacist Signature _____