



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

Florida
HEALTH

WWW.DOH.STATE.FL.US

NUCLEAR PHARMACY

File #

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

Insp #

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

Form with fields for NAME OF ESTABLISHMENT, PERMIT NUMBER, DATE OF INSPECTION, DOING BUSINESS AS, DEA NUMBER, NUCLEAR PHARMICIST/MANAGER, STREET ADDRESS, TELEPHONE #, EXT., CITY, COUNTY, STATE/ZIP, LICENSE #, PRESCRIPTION DEPARTMENT HOURS, REGISTERED PHARMACIST/INTERN/TECHNICIAN, LICENSE #, and a checklist of 24 items regarding nuclear pharmacy regulations.

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
INV 365 Revised 06/12, 12/11, 03/11, 01/07, 06/02

Date

Investigator/Sr. Pharmacist Signature