



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

Florida
HEALTH

WWW.DOH.STATE.FL.US

SPECIAL - LIMITED COMMUNITY PHARMACY

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

File #
Insp #

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

Form with fields: 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 HOURS, REGISTERED PHARMACIST/INTERN/TECHNICIAN LICENSE #, and 25 numbered items for inspection criteria.

THIS PERMIT WAS ISSUED TO CURRENT CLASS II INSTITUTIONAL PERMIT #

Remarks: [Large empty box for handwritten notes]

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 \_\_\_\_\_