



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

**Florida
HEALTH**

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DISPENSING PRACTITIONERS

File # _____

Insp # _____

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

NAME OF DISPENSING PRACTITIONER		PERMIT NUMBER		DATE OF INSPECTION				
DOING BUSINESS AS		DEA NUMBER		CHECK ONE				
STREET ADDRESS		TELEPHONE #	Ext #	<input type="radio"/> Podiatrist	<input type="radio"/> Dentist			
<input type="radio"/> Medical Physician	<input type="radio"/> Osteopathic Physician	<input type="radio"/> Nurse Practitioner						
<input type="radio"/> Naturopath	<input type="radio"/> Optometrist							
CITY	COUNTY	STATE/ZIP		SATISFACTORY		N/A	YES	NO
1 Practitioner properly registered with the board. [465.0276(2)(a), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Dispensing area clean and safe. [64B16-28.102(4), F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Generic drug sign displayed. [465.025(7), F.S.] [64B8-8.011(3)(b)10, F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Stock medications appropriately labeled for dispensing from a licensed manufacturer. [499.007(2), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Medications purchased from a Florida licensed wholesaler/distributor. [499.005(14), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Outdated medications removed from stock. [64B16-28.110, F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Medications requiring refrigeration appropriately stored. [64B16-28.102(3), F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Medications dispensed being placed in childproof container. [16CFR 1700.14] [64B8-8.011(3)(b)16., F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Medication labels properly completed for dispensing. [893.04(1)(e), F.S.] [64B16-28.108, F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Practitioner providing a written prescription for medication to be dispensed. [465.0276(2)(c), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Practitioner advising prescription may be filled on premise or at any pharmacy. [465.0276(2)(c), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Practitioner uses counterfeit-resistant prescription blanks for all controlled substances. [893.065, F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Prescriptions are written with the quantity of the drug prescribed in both textual and numerical formats and must be dated with the abbreviated month written out on the face of the prescription. [456.42(1)(2), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Label affixed to each container dispensed to a patient shall include expiration date. [64B16-28.108(2)(h), F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Practitioner is present when dispensing occurs. [64B16-27.1001, F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Practitioner is personally certifying (checking) filled prescription for accuracy prior to patient receiving. [64B16-27.1001, F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 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"/>	<input type="checkbox"/>
18 Patient record contains medical history required for counseling. [64B16-27.800, F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Dispensing of controlled substances is in compliance with [465.0276, F.S.].				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Dispensing of schedule II or III controlled substances is being performed pursuant to exemptions under [465.0276(1)(b), F.S.].				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Practitioner is reporting to the PDMP within 7 days of dispensing controlled substances. [893.055(4), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Controlled substances securely maintained and stored in a locked cabinet. [21CFR 1301.75]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Controlled substance prescriptions signed and dated by practitioner. [893.04(1)(b), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Controlled substance prescriptions provide patient's name and address. [893.04(1)(c) 1., F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Controlled substance prescriptions provide practitioner's name/address and DEA number. [893.04(1)(c) 2., F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Controlled substance prescription refills signed and dated by practitioner. [893.04(1)(b), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Controlled substance prescriptions properly maintained. [893.04, FS] [893.07, F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Controlled substance purchase records properly maintained. [893.07, F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Controlled substance records readily retrievable. [893.07(4)(b), F.S.] [21CFR 1304.04]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Practitioner to provide a printout of controlled substances dispensed over the past 6 months, to include, but not limited to: patient's name, address, name of medication, and quantity dispensed. [893.07(3)(a)(b)(c), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Controlled substance biennial inventory conducted. [893.07(1)(a), F.S.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 DEA 222 forms properly completed. [893.07(2), F.S.] [21CFR 1305.09]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Daily hard copy printout or log of all prescriptions is dated/signed by each practitioner if computer system utilized. [64B16-28.140(3)(d)(e), F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Pedigree records retrievable. [64F-12.012 (3)(a)2.,(d), F.A.C.]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks (designate controlled substance by entering "DCS"):								

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 387 Revised 10/12, 12/11, 11/11, 9/11, 4/11, 2/11, 1/11, 6/10, 7/09, 12/00

Date _____

Investigator/Sr. Pharmacist Signature _____