



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV360 - Class I Institutional Pharmacy**



File #
Insp #

NAME	PERMIT NUMBER	DATE OF INSPECTION	
DOING BUSINESS AS			
STREET ADDRESS		TELEPHONE #	EXT
CITY	COUNTY	STATE/ZIP	

Additional Information

Business Operation Hours

M-T-W-TH-F	Weekly Hours
Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	

Registered Pharmacist / Intern / Tech

License #	Licensee Name
License Type	

ACS Manager

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Optional Information

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Basic License Data - PSD

DEA Reg #	
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License Relations

Pharmacy Affiliate

	License #
	License #

RX DPT MGR/COR/POR

	License #
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INV 360 - Class I Institutional Pharmacy

Class I Institutional Pharmacy General Requirements

Consultant pharmacist of record inspecting monthly and providing written report. [64B16-28.501, F.A.C.]	
Current Class I Institutional Pharmacy Permit [465.019 F.S.]	
Consultant pharmacist provides medication management services and has a written collaborative practice agreement. [465.0125, F.S.]	
Prepackaged medication properly labeled. [64B16-28.108(3)]	
Medication requiring refrigeration stored in a refrigerator. [59A-4.112(6), F.A.C.]	
Medication properly labeled and has quantity of the drug placed in the container. [64B16-28.502(1)(h), F.A.C.]	
Unit dose medication properly labeled. [64B16-28.108(4), F.A.C.] [59A-4.112(5), F.A.C.]	
Adequate sanitation and space to protect the health of the public served. [64B16-28.102(4), F.A.C.]	
Medicinal drugs stored in emergency kits are those medications deemed by Medical Director, Director of Nursing, and Consultant Pharmacist as necessary. [59A-4.112(10), F.A.C.]	
Inventory of emergency kit attached to outside of kit. [59A-4.112(10), F.A.C.]	

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Emergency kit is readily available and kept sealed. [59A-4.112(10), F.A.C.]	
Drugs in emergency kits are properly labeled [59A-4.112 F.A.C.]	
Medication administered from emergency kits properly accounted for through procedural controls. [59A-4.112(10), F.A.C.]	
Records of destruction of unused controlled substances is documented showing the name and quantity of drug, strength, dosage form, patient's name, prescription number and name of the institution. [64B16-28.301 F.A.C.]	
Destruction of unused controlled substances is witnessed and documentation is signed by at least 2 of the following individuals: (a) Consultant Pharmacist, (b) Director of Nursing, (c) Facility Administrator, (d) licensed physician, mid-level practitioner, nurse, or another pharmacist employed or contracted with facility, or(e) a sworn law enforcement officer. [64B16-28.301(2) F.A.C.]	
Account of controlled drugs is reconciled periodically. [59A-4.112(4), F.A.C.]	
Starter dose contracts provided. [64B16-28.503(2)(c), F.A.C.]	
CQI Policy and Procedures and quarterly meetings. [64B16-27.300, F.A.C.] [766.101, F.S.]	
Pharmacy has established institutional formulary if necessary for the substitution of medicinal drugs. [465.025 (9), F.S]	

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.

Inspector Signature:

Representative:

Date:

Date: