

PHARMACY INSPECTION REPORT

(NEW, CHANGE of LOCATION, REMODEL)
 DEPARTMENT OF HEALTH PROFESSIONS
 9960 MAYLAND DRIVE, SUITE 300
 HENRICO, VIRGINIA 23233
 www.dhp.virginia.gov

DATE	TIME	INSPECTION HOURS	OFFICE USE
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PHARMACY NAME	PHARMACY PERMIT NO. 0201	EXPIRATION DATE
STREET ADDRESS	CITY	STATE ZIP
PHARMACIST IN CHARGE	LICENSE NO. 0202	EXPIRATION DATE
HOURS OF OPERATION	TELEPHONE NO.	FAX NO.
PHARMACY EMAIL (OPTIONAL) <input type="checkbox"/> NEWSLETTER	PIC EMAIL (OPTIONAL) <input type="checkbox"/> NEWSLETTER	
INSPECTION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> REMODEL <input type="checkbox"/> OTHER - DESCRIBE		

C indicates in compliance with law or regulation **NC** indicates not in compliance with law or regulation

AREA / REQUIREMENT	C NC	AREA / REQUIREMENT	C NC
PHYSICAL STANDARDS 18VAC110-20-150		SECURITY SYSTEM 18VAC110-20-180	
Prescription department is at least 240 square feet.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check if no alarm – pharmacy staffed by pharmacists 24 hours a day.	<input type="checkbox"/> <input type="checkbox"/>
Access to stock room, rest room and other areas is not through the prescription department.	<input type="checkbox"/> <input type="checkbox"/>	Sound, microwave, photoelectric, ultrasonic or other generally acceptable and suitable device.	<input type="checkbox"/> <input type="checkbox"/>
Pharmacy constructed of permanent and secure materials.	<input type="checkbox"/> <input type="checkbox"/>	Fully protects the prescription department and capable of detecting breaking by any means when activated.	<input type="checkbox"/> <input type="checkbox"/>
Area is well lighted, ventilated and at proper storage temperature.	<input type="checkbox"/> <input type="checkbox"/>	Access restricted to pharmacists working at the pharmacy. (See Exception: 18VAC110-20-190 B 2)	<input type="checkbox"/> <input type="checkbox"/>
Counter work space is used only for compounding and dispensing and necessary record keeping.	<input type="checkbox"/> <input type="checkbox"/>	Monitored in accordance with accepted industry standards, maintained in operating order, have an auxiliary source of power	<input type="checkbox"/> <input type="checkbox"/>
Sink with hot and cold running water.	<input type="checkbox"/> <input type="checkbox"/>	Capable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational. Describe & note how verified:	<input type="checkbox"/> <input type="checkbox"/>
Refrigeration for storage of drugs requiring cold temperature with a monitoring thermometer within prescription department. Refrigerator: Between 36°F & 46°F (2°C & 8°C) Freezer: Between -4°F & 14°F (-20°C & -10°C) Refrigerator: _____ Freezer: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check if security system was tested at time of inspection. Security system monitored by:	<input type="checkbox"/> <input type="checkbox"/>
SANITARY CONDITIONS 18VAC110-20-160	C NC	Test verified by:	<input type="checkbox"/> <input type="checkbox"/>
Pharmacy is clean, sanitary and in good repair & order.	<input type="checkbox"/> <input type="checkbox"/>		
Adequate trash disposal facilities and receptacles.	<input type="checkbox"/> <input type="checkbox"/>	ENCLOSURES 18VAC110-20-190	C NC
REQUIRED EQUIPMENT 18VAC110-20-170	C NC	Enclosure protects the prescription drugs from unauthorized entry and pilferage at all times whether or not a pharmacist is on duty.	<input type="checkbox"/> <input type="checkbox"/>
Current dispensing reference. Describe:	<input type="checkbox"/> <input type="checkbox"/>	Capable of being locked and alarmed at all times when a pharmacist is not on duty.	<input type="checkbox"/> <input type="checkbox"/>
Prescription balance sensitive to 15mg and weights or electronic scale if dispensing activity requires weighing.	<input type="checkbox"/> <input type="checkbox"/>	Keys or other means of entry into a locked prescription department and the alarm access code shall be restricted to pharmacists practicing at the pharmacy and authorized by the PIC (See exceptions in (B)(1) & (B)(2))	<input type="checkbox"/> <input type="checkbox"/>
Other equipment, supplies and references consistent with scope of practice. Describe:	<input type="checkbox"/> <input type="checkbox"/>		
STERILE COMPOUNDING §54.1-3410.2 & 18VAC110-20-321	C NC	<input type="checkbox"/> The pharmacy does not compound sterile drug products	
<input type="checkbox"/> Low-risk with 12 hour or less Beyond-Use-Date (BUD) = ISO Class 5 hood in a segregated compounding area NOT located in an ISO Class 7 buffer area <input type="checkbox"/> Low, medium, or high-risk = ISO Class 5 hood in an ISO Class 7 buffer area with ISO Class 7 or 8 ante area <input type="checkbox"/> Hazardous CSPs = ISO Class 5 in ISO class 7 buffer area that is physically separated with ISO Class 7 or better ante area	<input type="checkbox"/> <input type="checkbox"/>	The pharmacy performs <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High risk compounding <input type="checkbox"/> Compounds products for distribution not pursuant to a patient specific prescription Estimated quantity per <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> year: _____ Products distributed to: _____	
Demarcation line or barrier identifies separation of the buffer area from the anteroom area.	<input type="checkbox"/> <input type="checkbox"/>	ISO Class 5 Hood certification date: _____ Buffer Area/Ante Room certification date: _____	

NOTE: 110-20-140 (E): Once the permit is issued, prescription drugs may not be stocked earlier than two weeks prior to the designated opening date. Once prescription drugs have been placed in the pharmacy, a pharmacist shall be present on a daily basis to ensure the safety and integrity of the drugs. If there is a change in the designated opening date, the pharmacy shall notify the board office, and a pharmacist shall continue to be on site on a daily basis.

COMMENTS <input type="checkbox"/> Drugs may be stocked in the new pharmacy Reviewed 110-20-140 (E) with licensee (Issue Permit) <input type="checkbox"/> Deficiencies identified - Inspection Summary left with licensee	<input type="checkbox"/> Drugs may be moved to the new location <input type="checkbox"/> Remodel in compliance
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ACKNOWLEDGEMENT: This pharmacy has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

SIGNATURE OF INSPECTOR

SIGNATURE OF LICENSEE