

PHARMACY INSPECTION REPORT (NEW • CHANGE OF LOCATION • REMODEL)		INSPECTION DATE	INSPECTOR	ISSUE DATE	LICENSE NUMBER 0201	REVIEWED BY
INSPECTION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> REMODEL <input type="checkbox"/> REINSPECTION <input type="checkbox"/> OTHER - DESCRIBE						
PHARMACY NAME				PHARMACY PERMIT NO. 0201	EXPIRATION DATE	
STREET ADDRESS				CITY	STATE VA	ZIP
PHARMACIST IN CHARGE	LICENSE NO. 0202	EXPIRATION DATE		PHARMACY EMAIL (OPTIONAL) <input type="checkbox"/> NEWSLETTER		
HOURS OF OPERATION	TELEPHONE NO	FAX NO		PIC EMAIL (OPTIONAL) <input type="checkbox"/> NEWSLETTER		

C indicates in compliance with law or regulation NC indicates not in compliance with law or regulation N/A indicates not applicable								
AREA / REQUIREMENT			AREA / REQUIREMENT					
PHYSICAL STANDARDS 18VAC110-20-150		C NC	SECURITY SYSTEM 18VAC110-20-180			C NC		
Prescription department is at least 240 square feet.		<input type="checkbox"/>	<input type="checkbox"/> Check if no alarm – pharmacy staffed by pharmacists 24 hours a day.					
Access to stock room, rest room and other areas is not through the prescription department.		<input type="checkbox"/>	Sound, microwave, photoelectric, ultrasonic or other generally acceptable and suitable device.			<input type="checkbox"/>		
Pharmacy constructed of permanent and secure materials.		<input type="checkbox"/>	Fully protects the prescription department and capable of detecting breaking by any means when activated.			<input type="checkbox"/>		
Area is well lighted, ventilated and at proper storage temperature.		<input type="checkbox"/>	Access restricted to pharmacists working at the pharmacy. (See Exception: 18VAC110-20-190 B 2)			<input type="checkbox"/>		
Counter work space is used only for compounding and dispensing and necessary record keeping.		<input type="checkbox"/>	Monitored in accordance with accepted industry standards, maintained in operating order, have an auxiliary source of power			<input type="checkbox"/>		
Sink with hot and cold running water		<input type="checkbox"/>	Capable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational.			<input type="checkbox"/>		
Refrigeration for storage of drugs requiring cold temperature with a monitoring thermometer within prescription department. <input type="checkbox"/> N/A 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"/>	Check all that apply:					
			<input type="checkbox"/> Telephone/land Line <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Cellular <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Internet <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
ENCLOSURES 18VAC110-20-190		C NC	Describe Other:					
Enclosure protects the prescription drugs from unauthorized entry and pilferage at all times whether or not a pharmacist is on duty.		<input type="checkbox"/>	Security Company: Security system monitored by: Test verified by:					
Capable of being locked and alarmed at all times when a pharmacist is not on duty.		<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"/>	Number of Sensors – Identify on Diagram	90	180	360	Contact	Other
REQUIRED EQUIPMENT 18VAC110-20-170		C NC	<input type="checkbox"/> CHECK IF SECURITY SYSTEM WAS TESTED					
Current dispensing reference. Describe:		<input type="checkbox"/>	SANITARY CONDITIONS 18VAC110-20-160			C NC		
Prescription balance sensitive to 15mg and weights or electronic scale if dispensing activity requires weighing. <input type="checkbox"/> N/A		<input type="checkbox"/>	Pharmacy is clean, sanitary and in good repair & order.			<input type="checkbox"/>		
Other equipment, supplies and references consistent with scope of practice. Describe:		<input type="checkbox"/>	Adequate trash disposal facilities and receptacles			<input type="checkbox"/>		
COMPOUNDING								
<input type="checkbox"/> NO COMPOUNDING	<input type="checkbox"/> NON-STERILE	<input type="checkbox"/> STERILE: RISK LEVEL		<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> HAZARDOUS	<input type="checkbox"/> OUTSOURCING
STERILE COMPOUNDING 54.1-3410.2&18VAC110-20-321		NA C NC	PEC Type: LAFW, BSC, CAI CACI					
			Make	Model	SN	Cert Date		
Segregated Compounding Area		<input type="checkbox"/>						
CAI or CACI in non-ISO Class 7 area		<input type="checkbox"/>						
Demarcation line or barrier separates buffer area from ante area		<input type="checkbox"/>						
Immediate Use Compounding		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Hazardous compounding in separate negative pressure area		<input type="checkbox"/> Yes <input type="checkbox"/> No						
			Buffer & Ante Area(s) Certification Date(s). Identify each area					
			Name of Certification Company:					

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PHARMACY NAME	PHARMACY PERMIT NO. 0201
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INSPECTION COMMENTS

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<input type="checkbox"/> No Deficiencies Identified Opening Date: <input type="checkbox"/> Drugs may be stocked in the new pharmacy <input type="checkbox"/> Remodel in compliance <input type="checkbox"/> Drugs may be moved to the new location	<input type="checkbox"/> Deficiencies identified - Inspection Summary left with licensee <ul style="list-style-type: none">• Submit corrective action to the Board within 14 days.• Reinspection and fee may be required. Contact the Board.
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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.

Inspection Report Reviewed With and Provided To:	Name:	
	License No.	Title:

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INSPECTION SUMMARY

COMPLETE AND RETURN TO THE BOARD OFFICE WITHIN 14 DAYS OF THE INSPECTION
SUBMIT BY U.S. MAIL, FAX (804-527-4472) , OR EMAIL TO pharmbd@dhp.virginia.gov
RETAIN A COPY FOR YOUR RECORDS

PHARMACY NAME	PHARMACY PERMIT NO. 0201	DATE
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No.	Law/Regulation	Deficiency
1		
Corrective Steps Taken		

No.	Law/Regulation	Deficiency
2		
Corrective Steps Taken		

No.	Law/Regulation	Deficiency
3		
Corrective Steps Taken		

No.	Law/Regulation	Deficiency
4		
Corrective Steps Taken		

SIGNATURE OF LICENSEE

PRINTED NAME

DATE