

**ALTERNATE DELIVERY INSPECTION REPORT**  
**Department of Health Professions**  
**9960 Mayland Drive, Suite 300**  
**Henrico, VA 23233**

Date	Time	Telephone No.	Fax No.
Inspection Hours	Mileage	Dates and Hours of Operation	

Name of Entity		Permit No. (0201-Pharmacy 0205-PP 0213-PSCS 0220-CSRC)		Expiration Date	
Street Address		City		State Zip	
Responsible Party (CSRC Only)		License No.		Supervising Practitioner (CSRC Only)	
Inspection Type: <input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Change Location <input type="checkbox"/> Remodel <input type="checkbox"/> Re-inspection <input type="checkbox"/> Other		License No.		DEA No.	
Delivery to: <input type="checkbox"/> Another Pharmacy <input type="checkbox"/> Practitioner <input type="checkbox"/> Other Authorized Person		Designations: C means Compliant   NC means Not Compliant			
Schedules: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI					

DELIVERY TO A PRACTITIONER OR AUTHORIZED PERSON				DELIVERY TO ANOTHER PHARMACY			
		C	NC			C	NC
110-20-275 (C)(1)	There is a written contract or agreement between the two parties describing the procedures for such a delivery system and the responsibilities of each party. NOTE: LIST NAME OF PROVIDER PHARMACY IN BOX AT BOTTOM OF RIGHT COLUMN			110-20-275 (B)(1)	The two pharmacies have the same owner, or have a written contract or agreement specifying the services to be provided by each pharmacy, the responsibilities of each pharmacy, and the manner in which each pharmacy will comply with all applicable federal & state law.		
110-20-275 (C)(2)	Each entity using this delivery system shall maintain a policy and procedure manual that includes the following information: <input type="checkbox"/> Policy manual available at time of inspection.	C	NC				
110-20-275 (C)(2)(a)	<ul style="list-style-type: none"> <li>Procedure for tracking and assuring security, accountability, integrity, and accuracy of delivery for the dispensed prescription from the time it leaves the pharmacy until it is handed to the patient or agent of the patient</li> </ul> <input type="checkbox"/> Process verified by inspector at time of inspection.			110-20-275 (B)(2)	Maintains and complies with all procedures in a current policy and procedure manual that includes the following:	C	NC
110-20-275 (C)(2)(b)	<ul style="list-style-type: none"> <li>Procedure for providing counseling</li> </ul>			110-20-275 (B)(2)(a)	<ul style="list-style-type: none"> <li>A description of how each pharmacy will comply with all applicable federal and state law;</li> </ul>		
110-20-275 (C)(2)(c)	<ul style="list-style-type: none"> <li>Procedure and recordkeeping for return of any prescription medications not delivered to the patient</li> </ul> <input type="checkbox"/> Process verified by inspector at time of inspection.			110-20-275 (B)(2)(b)	<ul style="list-style-type: none"> <li>The procedure for maintaining required, retrievable records to include which pharmacy maintains the hard-copy prescription, which pharmacy maintains the active prescription record for refilling purposes, how each pharmacy will access prescription information necessary to carry out its assigned responsibilities, method of recordkeeping for identifying the pharmacist or pharmacists responsible for dispensing the prescription and counseling the patient, and how and where this information can be accessed upon request by the board.</li> </ul>		
110-20-275 (C)(2)(d)	<ul style="list-style-type: none"> <li>Procedure for assuring confidentiality of patient information.</li> </ul>						
110-20-275 (C)(2)(e)	<ul style="list-style-type: none"> <li>Procedure for informing the patient and obtaining consent if required by law for using such a delivery process.</li> </ul>						
110-20-275 (C)(3)	Prescriptions waiting to be picked up by a patient at the alternate site shall be stored in accordance with 110-20-710.						
<b>AUTHORIZED PERSON HOLDING CSR ONLY</b>				110-20-275 (B)(2)(c)	<ul style="list-style-type: none"> <li>The procedure for tracking the prescription during each stage of the filling, dispensing, and delivery process.</li> </ul>		
	<b>GENERAL</b>	C	NC	110-20-275 (B)(2)(d)	<ul style="list-style-type: none"> <li>The procedure for identifying on the prescription label all pharmacies involved in filling and dispensing the prescription.</li> </ul>		
54.1-3423	Responsible party on CSR identified and correct.			110-20-275 (B)(2)(e)	<ul style="list-style-type: none"> <li>The policy and procedure for providing adequate security to protect the confidentiality and integrity of patient information.</li> </ul>		
54.1-3430	License conspicuously posted.			110-20-275 (B)(2)(f)	<ul style="list-style-type: none"> <li>The policy and procedure for ensuring accuracy and accountability in the delivery process</li> </ul>		
110-20-700 (C)	Access to controlled substances limited to authorized persons.			110-20-275 (B)(2)(g)	<ul style="list-style-type: none"> <li>The procedure and recordkeeping for returning to the initiating pharmacy any prescriptions that are not delivered to the patient.</li> </ul>		
	<b>STORAGE</b>	C	NC	110-20-275 (B)(2)(h)	<ul style="list-style-type: none"> <li>The procedure for informing the patient and obtaining consent if required by law for using such a dispensing and delivery process.</li> </ul>		
54.1-3461 110-20-710 (A)	Room storage temperature (59-86F).			110-20-275 (B)(3)	Drugs waiting to be picked up at or delivered from the second pharmacy shall be stored in accordance with subsection A of 18VAC110-20-200		
54.1-3461 110-20-710 (A)	Refrigerator temperature (36-46F) if applicable			NAME OF PROVIDER PHARMACY			
110-20-710 (D)	Drugs maintained in a lockable cabinet, cart, device or area that is locked at all times when not in use.						
110-20-710 (D)	Keys or access code to drug storage is restricted to supervising practitioner or designated persons.						

COMMENTS:

This facility 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 have been deemed by the inspector as not being in compliance and have been explained to me and that I have received a copy of the inspection report.

Signature of Inspector

Date

Signature of Applicant / Title of Applicant

Date