

Date: _____
 In: _____
 Out: _____

- Periodic
 New
 Closing
 Change of Owner/ Name / Location

DRUG ROOM INSPECTION FORM

License No. _____
 OBND _____
 DEA _____

Licenses Current Y N

Business Hours:

Mon-Fri _____
 Sat _____ Sun _____

Oklahoma State Board of Pharmacy
 2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
 Phone (405) 521-3815 / Fax (405) 521-3758
 Website: www.pharmacy.ok.gov / E-mail: pharmacy@pharmacy.ok.gov

Training Area Y N
 Hot/Cold Water Y N

of Beds _____

PLEASE RETAIN UNTIL NEXT INSPECTION

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

| Employees at this Location: | OSBP # | License/Permit Displayed/Current | | On Duty | | Preceptor | |
|--|-------------------------------|----------------------------------|----|--|----|----------------------------------|----|
| | | Yes | No | Yes | No | Yes | No |
| D.Ph.'s: (PIC or consultant) | | | | | | | |
| | | | | | | | |
| Intern: | | | | | | | |
| DR Supervisor: | (DPh or RN or LPN circle one) | | | | | | |
| DR Employee(s): | | | | | | | |
| | | Y | N | Y | N | Y | N |
| DPh routinely visits & submits reports ___ reports/___ wks | | | | DPh attends P&T meetings | | References Current | |
| Policy and procedure: Last updated _____ | | | | Diversion Prevention P&P | | Annual Inventory on file | |
| CDS losses since last inspection | | | | DEA 222 forms executed or CSOS | | 3 invoice files maintained | |
| Outdated drugs removed from pharmacy within 6 months | | | | Outdated drugs in Active Stock | | EMR utilized | |
| Outdated CDS destruction _____ | | | | CDS in crash carts | | Floor stock checked/logged | |
| Proper documentation of CDS in auxiliary locations | | | | Who has keys? | | | |
| Proper documentation for meds obtained after hours | | | | Who has after-hours access? | | | |
| Night cabinet used: Automated ___ Non-automated ___ | | | | Automation type _____ | | Usage reports reviewed | |
| Documentation of witnessed CDS wastage | | | | Refrigerator: _____ °F/°C Freezer: _____ °F/°C | | Logs completed | |
| Meds disp for take-home labeled properly, CRC packaging | | | | PA /ARNP dispensing per formulary | | Disp meds submitted to PMP | |
| Distribution system: _____ cart fill _____ dispensing cabinets | | | | Med admin documented properly | | Repackaging logs verified by DPh | |
| Med orders reviewed onsite timely or RMOP | | | | If RMOP, list | | | |
| Parenterals prepared on site (if yes, use form) | | | | Parenterals ordered off site (if yes, from whom _____) | | | |

Comments:

Important: You are directed to take prompt action to correct the above violations. If such action is disregarded, Board action may result. These deficiencies have been explained and will be corrected.

Employee: _____ Compliance Officer: _____