

Date: _____
 In: _____
 Out: _____

- Periodic
- New
- Closing
- Change of Owner/ Name / Location

E-KIT & RMOP INSPECTION FORM

License No. _____
 OBNDD _____
 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

PLEASE RETAIN UNTIL NEXT INSPECTION

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Employees at this location	OSBP #	License/Permit Displayed/Current		On Duty		Immunization Certificate		Preceptor	
		Y	N	Y	N	Y	N	Y	N
D.Ph.'s: (PIC)									
		License/Permit Displayed/Current		On Duty		Identification			
	OSBP #	Y	N	Y	N	Y	N		
Interns:									

E-Kits	Y	N	Y	N	Y	N
Number of E-Kits at LTCF _____ ASL _____			License Numbers: _____			
Maintains logs of all facilities serviced						
Written agreement including P&P			Maintains logs of drugs in each facility		Drugs utilized per formulary	
Expired meds removed			Tamper-evident or electronic		E-kit contains CDS	
Meds admin by Nurse, PA, or Physician			All injectable meds treated as SDV		Usage log at phcy & LTCF	
Usage log contains: Prescriber name _____ Date/Time Order _____ Pt Name _____ Drug Name/Strength _____ Name of Person admin med _____ Time/Date admin _____						
Restocked by: DPh _____ Tech _____ RN _____ LPN _____ Other _____						

RMOP	Y	N	Y	N	Y	N
License posted			Policy & Procedure: Last updated		References current	
Telephone available			Remote log-in or stored on computer		Wireless encryption	
Password protected			Uninterruptable power source		Procedure if computer fails	
Computer automatically logs off			Backup on computer		Orders received: EMR _____ Fax _____ Other _____	
Who do you service? _____						

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.

Pharmacist: _____ Compliance Officer: _____