

License No. _____
 OBNDD _____
 DEA _____

Licenses Current	Y	N
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Business Hours:

Mon-Fri _____

Sat	Sun
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of Beds_____

Oklahoma State Board of Pharmacy

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105

Phone (405) 521-3815 / Fax (405) 900-8365

Website: www.pharmacy.ok.gov / E-mail: pharmacy@pharmacy.ok.gov

Training Area	Y	N
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Hot/Cold Water Y N

PLEASE RETAIN UNTIL NEXT INSPECTION

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Employees at this Location:				OSBP #	License/Permit		On Duty		Preceptor			
					Displayed	Current	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Outdated drugs removed from pharmacy within 6 months			Outdated drugs in Active Stock			EMR utilized						
Outdated CDS destruction _____			CDS in crash carts			Floor stock checked/logged						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)									
Video recording System / Access Control												

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:
