



Nevada State Board of Pharmacy  
431 W. Plumb Lane, Reno, NV 89509  
(775) 850-1440 / Fax: (775) 850-1444

**To:** Pharmacy Manager/Responsible Person  
**From:** Nevada State Board of Pharmacy Inspector  
**Subject:** Self-Assessment/Inspection Process

*The pharmacy inspection and assessment process allows you to know the standards anticipated in a pharmacy inspection.*

**To Make This Work:**

- 1 Fill out the printed Retail Pharmacy Inspection Form and the Work Place Assessment found online in the corresponding month listed on the Inspection Notice you received in the mail. Have them ready, completed and available for the inspector in case of your absence. The forms are:**
  - A. The Retail Pharmacy Inspection form**
  - B. The Work Place Assessment form**
    - 1. Questions: At a minimum answer, the question on counseling.**
    - 2. Enter numbers in the personnel analysis fields. If the number is 0, enter 0.**
- 2. I will review the forms with you and inspect your facility during the month listed on your Inspection Notice. Your inspection will occur during normal business hours, at no specific date or time. To minimize disruption of pharmacy operations please have the following materials available at the time of inspection:**
  - A. Completed 222 and/or E222 electronic forms since last inspection (Must be filled out and printed)**
  - B. Most recent biennial inventory**
  - C. In-service training records for all pharmacy technicians**
  - D. Daily activity log for pharmacy technicians in training**
  - E. Daily work log (legible full name with shift worked)**
  - F. Inspection report from previous year**

*My observations along with your findings will assure understanding and compliance with Nevada law.*

**The Workplace Assessment form: Pharmacy industry and the board of pharmacy have devised this assessment process to identify and understand workplace conditions. All data is confidential for analysis purposes only. The second pages of the workplace assessment afford you and other pharmacist employees to submit suggestions for improved efficiency, safety and patient care. It can be a mechanism to discuss improvements with your management and serves the board to evaluate the pharmacy environment.**



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NRS=NEVADA REVISED STATUTE NAC=NEVADA ADMINISTRATIVE CODE ISMP=INSTITUTE FOR SAFE MEDICATION PRACTICES  
 HTTPS://WWW.ISMP.ORG/SURVEY/NEWMSSACAP/INDEX.ASP 2017 INSTITUTE FOR SAFE MEDICATION PRACTICES (ISMP) MEDICATION SAFETY SELF ASSESSMENT  
 (the inspection notice cover letter must be attached to this completed form.) Circle yes for compliant and no for non-compliant. You may make comments as needed.

**PHARMACY FACILITY**

Is there adequate space for storage including shelves, refrigerators, narcotic cabinets/safes, and counter areas to avoid crowding? NAC 639.469 Yes No

2' x 3' clear work area for each pharmacist & technician on duty and a minimum of free floor space behind the prescription counter that is not less than 8 feet in length and 4 feet in width. NAC 639.525 Yes No

Does the pharmacy prepare sterile preparations NAC 639.661-690? Yes No

**If sterile compounding (preparation) is done at your facility, print and complete the Sterile Compounding Addendum Form. The Addendum is the second part of the Institutional Pharmacy Inspection Form. On the Board Website Select Forms.**

Is there a clean and sanitary sink with hot and cold running water available in the pharmacy for all personnel to use? NAC 639.469 Yes No

Is each staff member's attire clean and sanitary? NAC 639.530 Yes No

Are the floors/counters/other areas free of debris? NAC 639.530 Yes No

Is the pharmacy clean and arranged in an orderly manner? NAC 639.469 Yes No

**(The following are ISMP recommendations to improve practice safety)**

Arrange drug products that have similar or confusing manufacturer labeling, packaging, and/or drug names (that look or sound alike) to be clearly separated on shelves or have warnings. ISMP

Use a system to separate patient orders and keep multiple filled prescriptions for a patient together. ISMP

Is the temperature in the pharmacy compatible with drug storage requirements? (USP 68-77 degrees F (20-25 C) with short excursions allowed from 59 degrees F to 86 degrees F). NAC 639.510 NRS 639.282 Yes No

Is the temperature in the refrigerator(s) appropriate for the medications stored? NAC 36-46 degrees F (2-8 C). NAC 639.527 Yes No



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How often is the temperature checked? \_\_\_\_\_

Is the temperature in the freezer(s) appropriate for the medications stored? (in accordance with manufacturer's requirements).

An example is Zostavax which is to be stored at 5 degrees F or colder).

NAC 639.527 Yes No

How often is the temperature checked? \_\_\_\_\_

Have there been any issues with the refrigerator(s) or freezer(s) being out of temperature range?

**<circle>** Yes No

If Yes, have available for review the documentation of the results of the audit by the pharmacist of the safety or disposition of the medications in the refrigerator(s), freezer(s).

Are the refrigerator(s) and freezer(s) alarms always on and checked periodically?

NAC 639.525

How often are they checked? \_\_\_\_\_ Are the results documented? Yes No

Are the facilities sufficient to allow for patient confidentiality to be maintained during counseling?

NAC 639.708 Yes No

Do all employees of the pharmacy wear an identification badge that clearly identifies the person by their name and job position?

NAC 639.542 Yes No

Are current licenses and registrations displayed?

NRS 639.150 Yes No

**EQUIPMENT**

Are fax and computer printed copies clear and legible?

NAC 639.525 Yes No

Does each computer terminal require the staff member to login with a password, biometric or other electronic means of identification?

NAC 639.751 Yes No

Does the computer capture the identification of the staff member performing each separate task in filling a prescription?

NAC 639.751 Yes No

Does the computer require the entry of a password, biometric or other electronic means of identification each time there is new data entry or a change made to data?

NAC 639.751 Yes No

How often are the passwords changed? \_\_\_\_\_

NAC 639.751



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Does the terminal automatically log out a staff member or does the staff member have to manually log out?	NAC 639.751		
<b>&lt;circle&gt;</b> Manual                  Automatic			
Is a poison control center telephone number posted in the pharmacy?	NRS 454.130	Yes	No
Current references available <b>&lt;circle&gt;</b> (electronic)    (printed)	NAC 639.503	Yes	No
Current Nevada Pharmacy Law Book    (printed)	NAC 639.503	Yes	No
Does all equipment such as the phone, fax, computer, computer printer, electronic signature devices work properly?	NAC 639.469	Yes	No
Circle and/or list any additional compounding equipment used for compounding? <b>(circle all that you have)</b>	NAC 639.525	Yes	No
Manual Scale                  Weights                  Electronic Scale                  Graduates                  Filler Tube (fillmaster, reconstitute, other)			

**If non-sterile compounding (preparation) is done at your facility, print and complete the Non-Sterile Compounding Addendum Form found on the Board website. Select Forms. Your pharmacy must comply with all Nevada Statutes and Administrative code NAC 639.6701 – 639.67037 when compounding non-sterile products. 639.6703 labeling BUDs 639.67015 general policies and 639.67035 non-sterile policies must be readily available for review.**

**STOCK OF DRUGS**

Is the representative stock of drugs available appropriate for the practice site?	NAC 639.510	Yes	No
Are all pharmaceutical stock bottles properly labeled including pre-packed drugs?	NRS 585.410-460		
	NAC 639.476	Yes	No
Name of product		Yes	No
Manufacturer		Yes	No
Expiration date		Yes	No
Lot number		Yes	No
Is there a procedure for monitoring the stock of drugs for outdated, mislabeled, or adulterated drugs?	NAC 639.510	Yes	No



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How often are the drug stocks checked for outdated, mislabeled or adulterated drugs?

Are outdated, mislabeled, or adulterated drugs removed from stock and secured in an area where they will not be used to fill prescriptions?

NRS 639.282      Yes      No

**PRESCRIPTION LABELING**

Do labels bear all information required?

NRS 639.2801      Yes      No

Does the computer only issue labels with a date that is the most recent date on which the prescription was filled?

NAC 639.030      Yes      No

Expiration/discard date on the label appears as: <circle>

(default)

(order entry)

(handwritten)

**RECORDS**

Are all records of pharmacy personnel (RPh & Tech & Tech in Training) on duty each day maintained in a written record & available for prior 2 years? (the written record must be a legible full name, that can be printed).

NAC 639.245 and 250      Yes      No

Do you keep a manual or electronic daily work log for technicians?

(circle) (electronic) (handwritten)

Do you keep a manual or electronic daily work log for pharmacists and pharmacy management? (circle) (electronic) (handwritten)

If electronic, the record must be able to be printed for the last 2 years. If electronic, the record must clearly identify the job description performed that day for each staff member. If electronic, be prepared to print 1 or more daily records immediately on request.

Are all records of the acquisition, storage and disposition of drugs accurate and complete?

NAC 639.510      Yes      No



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The pharmacist shall make a reasonable effort to obtain and retain in the record of medication of the patient records, the telephone number of the patient; history of the patient; Gender of the patient; Age or date of birth of the patient; History of the patient, including allergies, reactions to particular drugs and any medications or medical devices used by the patient; and any comments relevant to the drug therapy of the patient, including any other information which is specific to the patient or drug. Inspector may review a random sample.

NAC 639.708 Yes No

Does the pharmacy maintain invoices, records of returns, work schedules, refill logs, counseling logs, inventories, & other required records for 2 years?

NRS 454.286  
 NAC 639.245 Yes No

Are scheduled II controlled substances prescriptions filed separately from all other prescriptions?

NRS 639.236 Yes No

The inspector may review a random sample of scheduled II controlled substances prescriptions and verify that they are tendered within 14 days from the date of issue.

NRS 453.431

Are all telephoned prescriptions dated and initialed and documented with the name of the person who called in the prescription when transcribed to paper?

NAC 639.712 Yes No

**(The following are ISMP recommendations to improve practice safety)**

Write out all prescription information avoiding the use of error-prone abbreviations and dose designations on all phoned in scripts and notations in the computer.

ISMP

Repeat back "echo" information to the practitioner or practitioner's agent.

ISMP

Say and repeat back numbers as digits "five zero milligrams rather than 50 milligrams".

ISMP

Does the facility participate in the Controlled Substance Ordering System (CSOS – [electronic] E222 order form)? The pharmacy must have a completed and printed copy of the electronic form.

21 CFR 1305. 21-  
 CFR 1305.29 Yes No

Are schedule 2 order forms (222 [CFR 1305.13 (e)] or E222 [CFR 1305.22(g)]) properly completed?

NRS 453.251 Yes No



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Are schedule 2 order forms (222 or E222) and invoices maintained separately from other records?	21 CFR 1304.04 NRS 453.246	Yes	No
Are schedule 3 through 5 invoices maintained separately from other records?	NRS 453.246 21CFR 1304.04	Yes	No
Enter the date of the last biennial inventory? _____	NRS 453.246		
Is the documentation of the biennial inventory complete?	21CFR 1304.11	Yes	No
Is the perpetual inventory updated immediately at the time of dispensing and/or receipt of the controlled substance(s)?	NAC 639.485 NRS 453.246	Yes	No
Are you complying with the current reporting requirements of the Controlled Substance Task Force? Prescription Monitoring Program	NAC 639.926	Yes	No

431 W. Plumb, Reno NV 89509 Phone: 775-687-5694 Email: pmp@pharmacy.nv.gov

**NAC 639.711 Transmission of prescription by facsimile machine** - Written prescriptions and faxed prescriptions, regardless of method of receipt via standalone fax, by a computerized fax queue or other fax method, require the handwritten signature of the prescribing practitioner. A prescription received via fax or written is not a legal prescription without a handwritten signature. A pharmacist must validate that a prescription received by fax in a computer fax queue has a handwritten signature and not an electronically signed signature.

**21 CFR 1306.05** A practitioner may sign a paper prescription in the same manner as he would sign a check or legal document (e.g., J.H. Smith or John H. Smith). Where an oral order is not permitted, paper prescriptions shall be written with ink or indelible pencil, typewriter, or printed on a computer printer and shall be manually signed by the practitioner. A computer-generated prescription that is printed out or faxed by the practitioner must be manually signed. (cannot be electronically signed)

**NAC 639.7105 Electronic transmission of prescription** - The electronic signature must be digitally signed with at least all the information required under part 1306, Prescriptions, of 21CFR. (e) - **21 CFR 1311** A prescription that is digitally signed with a practitioner’s private key may be transmitted to a pharmacy without the digital signature.

The entire pharmacy staff and I understand that any prescription that does not comply with state and federal law is not a valid legal prescription. **Pharmacist initials**



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What is the name and contact information of the vendor of the electronic software you are using for electronic prescriptions?

Is the vendor listed on the Board website as compliant with Federal 21CFR for the transmission of electronic prescriptions?      **Circle**                      **Yes**                      **No**

[http://bop.nv.gov/resources/ALL/Approved\\_E-Prescribing\\_Systems/](http://bop.nv.gov/resources/ALL/Approved_E-Prescribing_Systems/)

A pharmacy must validate via audit that the third-party auditor or certification organization has found the pharmacy application is compliant with Nevada’s requirements, NAC 639.7105, and all the requirements of 21 CFR. Part 1311 are satisfied. When the pharmacy receives an electronic prescription the pharmacy application must verify a practitioner’s digital signature as required in 21 CFR.

What is the date of the current audit of the pharmacy electronic prescription application?

(must be within 2 years and re-audited a minimum of every 2 years)

Date of audit of the pharmacy electronic prescription application.

Have a copy of the audit available for review during your inspection.

Pharmacy manager start date: \_\_\_\_\_

**(if changed since last inspection)**

Controlled substance inventory for change of manager completed?

**(if changed since last inspection)**      (must be completed within 48 hours and signed by current and prior pharmacy manager)

NAC 453.475.1      Yes      No

Date inventory was taken: \_\_\_\_\_

How are non-child resistant cap requests documented and maintained? **(circle)**      (electronic)      (handwritten)

NAC 639.740

**SECURITY**

Does any person other than authorized pharmacy staff have access to the pharmacy computer system? **If yes, explain why in notes section.**

HIPPA      Yes      No

Does any person other than authorized pharmacy staff have access to any protected patient information? **If yes, explain why in notes section.**

HIPPA      Yes      No

Is the pharmacy secured to prevent unauthorized access? Only a Nevada licensed pharmacist may have a key, keypad code or other means of access/entrance into the pharmacy.

NAC 639.520      Yes      No





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Is the door secured by a deadbolt or electronic lock? NAC 639.520 Yes No  
 Can the pharmacy area be closed from the remainder of the store to allow for different hours of operation? NAC 639.520 Yes No  
 Pharmacy alarm system provided by: \_\_\_\_\_ NAC 639.520

**STORE HOURS**

Monday thru Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_  
 Holidays \_\_\_\_\_

**PHARMACY HOURS**

Monday thru Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_  
 Holidays \_\_\_\_\_

**IF DIFFERENT FROM STORE HOURS**

Does the pharmacy sell OTC schedule 5 control drugs? (exempt narcotics) NAC 453.490 Yes No  
**(If yes- have signature logs available for inspection)**

Does the pharmacy deliver prescriptions outside the local area on a regular basis? NAC 639.708.3 Yes No  
**(If YES- list the toll-free number provided for patients to call the pharmacy for questions/counseling.)**

Does the pharmacy have an internet website? Yes No  
 If **yes**, what is the web address? \_\_\_\_\_

Does the pharmacy dispense prescription medications via the website/internet? NRS 639.00865 Yes No  
 If **yes**, is the pharmacy VIPPS (Verified Internet Pharmacy Practice Site) certified or received certification from the Nevada Board of Pharmacy? NAC 639.426 Yes No

**PHARMACEUTICAL TECHNICIANS AND TECHNICIANS IN TRAINING**

(In service training records (CE) and technicians in training daily activity logs must be available on site for review by the inspector. Technicians and Technicians in Training are required to complete 1 hour of Nevada law CE for renewal.)



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Does the pharmacy manager maintain documentation on site of at least 12 hours of in-service training that is required of each technician for registration renewal? NAC 639.254      Yes      No

Note: Technician in service hours are audited every other year in the year following renewal of technician registrations (technicians must renew by November 1st of even years). Make sure technician in-service hours are current, organized and available for review. File old in service records and law credits and only have the most current records available for review. Current PTCB or Institute for Certification of Pharmacy Technicians certification is accepted for the 11 hours of required general in-service hours. (Certification does not apply towards the 1-hour Nevada pharmacy law that is required on renewal). You will need to complete a minimum of 1 hour every 2 months once you are licensed as a technician plus 1 hour of Board approved law each biennium.

Does the pharmacy manager maintain for each technician in training a daily training record? NAC 639.240  
NAC 639.254      Yes      No

Note: Technician in Training daily activities logs are reviewed yearly. The log must contain the trainees full name, date, hours worked, activity and signoff of the pharmacist. Trainees are required to have 1 hour of Nevada law in addition to their daily log. Trainees do not have to complete in service hours (CE) until licensed as a technician.

Written documentation that each pharmaceutical technician has read and is familiar with the written policies of the pharmacy and state and federal laws relating to the practice of pharmacy is available for review. NAC 639.247      Yes      No

Written documentation of completion of the orientation and training that demonstrates competency is available for review. NAC 639.247      Yes      No

Does the pharmacy use a maximum of 3:1 technicians and technicians in training (in any combination) per each pharmacist working? NAC 639.250      Yes      No

Are all licensed personnel's home and work address current with the Board? (The licensee and pharmacy must notify the Board within 10 days of a change of work or home address). NRS 639.160  
NAC 639.540  
NAC 639.225      Yes      No

**IMMUNIZATION**

NRS 639.065 Annual report concerning immunizations administered by pharmacists. The Board shall prepare an annual report concerning immunizations administered by pharmacists. (NOTE: the question below is for reporting to the Board for inclusion in the annual immunization report as required by law not entry of data into WebIZ.)

Do your pharmacists administer immunizations?  
 (If this is a new pharmacy or you begin to administer vaccines, send an email to rseidlinger@pharmacy.nv.gov stating you do provide immunizations and identify your store and contact email information. In May of each year you will be contacted to provide data on immunizations administered.? If centrally, please have the responsible person send an email to the above email address.) Yes      No



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Temperature logs as required by the CDC are available for review.

Yes No

Will the data be reported by individual store or centrally? (circle)

Individually

Centrally

(If by individual store, please enter the store email and contact information of the person who will be provide data on immunizations to the Board. If centrally, please provide that person's email and contact information.

Required reporting of vaccinations administered by pharmacists to Nevada WebIZ: If your pharmacists do administer immunizations you are required to register and record the immunizations in WebIZ.

Effective January 28, 2010 all ACIP recommended vaccinations administered to children and adults must be recorded in Nevada WebIZ. This means that patients of all ages who receive a vaccination must be entered in Nevada WebIZ. Some providers have thought that the law only applies to VFC (Vaccines for Children) vaccines. The law requires entry for all vaccines, regardless of purchase method.

Individuals may "opt-out" by completing the Participation Form and the provider must mail or fax the form to the WebIZ program.

Are you reporting to WebIZ as required by Nevada Revised Statute?

NRS 439.265

Yes No

Nevada State Health Division: WebIZ: 775-684-5954 or 1-877-689-3249 (toll free)

**PATIENT COUNSELING**

Does the pharmacy maintain documentation of acceptance or refusal of counseling on all new prescriptions?

NAC 639.707

Yes No

Counseling is documented by: <circle>

(electronic log)

(handwritten log)

Does the pharmacist document counseling immediately on completion of counseling?

NAC 639.707

Yes No

**(The following are ISMP recommendations to improve practice safety)**

Use more than one patient identifier when medications are picked up. (i.e. Name, Address, Phone Number, Date of Birth, Other)

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Open the medication bottle and show the medication to the patient on all refill or new prescriptions that the pharmacist counsels on.

ISMP



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Policies and Procedures (If any of the following administrative codes apply to your pharmacy, identify where the policy is located. The inspector may request you to provide any or all applicable policies. Indicate with NA if the administrative code does not apply to your pharmacy.

639.247 Establishment and maintenance of policies and procedures for personnel; maintenance and availability of personnel records.639.254 Initial and biennial training of pharmaceutical technicians working in or for pharmacy.

REMOTE SITES AND TELEPHARMACIES

639.398 Establishment of policies and procedures for operation of remote site; monthly inspections.

CHART ORDER PROCESSING SERVICES

639.4917 Policies and procedures of off-site pharmaceutical service providers.

STANDARDS FOR COMPOUNDING AND DISPENSING GENERALLY

639.67015 Establishment of policies and procedures

STANDARDS FOR COMPOUNDING AND DISPENSING NONSTERILE PRODUCTS

639.67035

STANDARDS FOR COMPOUNDING AND DISPENSING STERILE PRODUCTS

639.686 Written policies and procedures for disposal of infectious materials and materials containing cytotoxic residues

639.688 Written policies and procedures regarding provision of services related to parenteral therapy

AUTOMATED DISPENSING SYSTEMS

NAC 639.017 Use of Automated compounding devices

COMPUTERIZED SYSTEMS

639.941 9415 942 9425 943 Written policies and procedures of operation. Quality Assurance Maintenance & Recovery.

**REMARKS/SUGGESTIONS/TO DO'S/CITATIONS:**






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- Clearly identify your facility on all document pages if you are required to provide information.
1. If you are required to provide any documentation to the inspector via fax or email, attach a copy of the document(s) to this inspection form for future review on inspection.
  2. If you are required to fax or email information, fax to 702-486-7903 for inspections completed by the Las Vegas Board office or 775-850-1444 for inspections completed by the Reno office.
  3. If you are required to fill out a sterile or a non-sterile inspection form, refer to the remarks section of those forms for any additional remarks, suggestions, to do's or citations.

I verify that by signing this document all personnel in the pharmacy have all current licensing, educational requirements met and that this pharmacy meets all state and federal laws.

\_\_\_\_\_  
 Pharmacist on duty (signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Pharmacist on duty (print)

Inspector: \_\_\_\_\_ Date Inspected \_\_\_\_\_

Your pharmacy has been inspected by an agent of the Nevada State Board of Pharmacy. Conditions that require remedial action are listed in the remarks section above and they must be corrected within the time frame(s) stated to ensure compliance with laws and regulations governing the practice of pharmacy. I acknowledge that the noted unsatisfactory conditions have been explained to me and that I have received a copy of this Inspection report.