

DRUG STORAGE AREA:

Note: The notice of inspection you received by mail must be attached to this form. Immediately, if the licensed practitioner is not on site each day the facility is open, contact the Board of Pharmacy to notify the Board the days the practitioner is on site.

Clean & maintained in an orderly manner? Yes No

Current license(s) to prescribe/dispense drugs displayed?
NRS 639.1373, 639.2351, 639.23505 NAC 649.742 (i) Yes No

Temperature compatible w/drug storage requirements
(59-86° F)? Yes No

Does the facility dispense products required to be stored in a refrigerator prior to dispensing? (if NO skip to next question) Yes No

Refrigerator? Yes No NRS 639.282

Is it clean? Yes No

Is the temperature proper for the storage of drugs? (36-46 °F) Yes No

Sufficient size? Yes No

Daily temperature log maintained? Yes No

STOCK OF DRUGS:

Are all pharmaceuticals in stock properly labeled? Yes No NRS 585.410 - 585.460

Name of product? Yes No

Manufacture's name? Yes No

Lot Number? Yes No

Expiration date? Yes No

Are all sterile multi-dose vials dated and discarded after 28 days? Yes No NAC 639.67057

Are all single use/preservative free (PF) sterile vials, ampules, ..., etc. used for one patient and immediately discarded after being used? Yes No NAC 639.67057

Are outdated, mislabeled, or adulterated drugs removed from stock and secured in an area where they will not be used to fill prescriptions? Yes No NRS 639.282, NAC 639.510

Is there a procedure for monitoring the stock of drugs for outdated, mislabeled, or adulterated drugs? Yes No NRS 639.282, NAC 639.510

Are samples and immediate use drugs all in date and labeled properly? Yes No NRS 639.282, NAC 639.510

CONTAINERS AND LABELING:

Are child resistant, moisture-proof containers used? Yes No NAC 639.740, 639.892

		Yes	No
Is each container properly labeled?	NRS 639.2801	<input type="checkbox"/>	<input type="checkbox"/>
The date filled?		<input type="checkbox"/>	<input type="checkbox"/>
The name of the supervising physician & the name of the PA/APN?		<input type="checkbox"/>	<input type="checkbox"/>
Name of the patient?		<input type="checkbox"/>	<input type="checkbox"/>
Specific directions for use?		<input type="checkbox"/>	<input type="checkbox"/>
Expiration date of drug?		<input type="checkbox"/>	<input type="checkbox"/>
Name, strength & quantity of drug dispensed?		<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/non prescribed drug warning?		<input type="checkbox"/>	<input type="checkbox"/>
Prescription number of prescription?		<input type="checkbox"/>	<input type="checkbox"/>
Is label affixed to immediate container?		<input type="checkbox"/>	<input type="checkbox"/>
Proper warning labels?	NRS 585.450, NAC 453.470	<input type="checkbox"/>	<input type="checkbox"/>

Does the facility dispense products requiring reconstitution?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate graduates for measuring?	<input type="checkbox"/>	<input type="checkbox"/>

RECORDS NRS 453.246, 454.286, 639.236, NAC 639.280(3), 639.879(2), 21 CFR 1304.04 (a), (g), (h):
 (If the practitioner is not on site during facility hours, the records may be in a separate secure location so they are available for review on inspection)

Prescriptions are: **(circle)** Handwritten Electronic

Do the prescriptions contain:

Name of patient & address if not immediately available to the practitioner?	<input type="checkbox"/>	<input type="checkbox"/>
Name/strength/quantity of drug prescribed?	<input type="checkbox"/>	<input type="checkbox"/>
Name of the practitioner & class of his license?	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner's DEA number if the prescribed drug is a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
The initials of the dispensing practitioner if he did not prescribe the drug?	<input type="checkbox"/>	<input type="checkbox"/>
The directions for use?	<input type="checkbox"/>	<input type="checkbox"/>
The date the prescription was issued?	<input type="checkbox"/>	<input type="checkbox"/>
The signature of the prescribing practitioner?	<input type="checkbox"/>	<input type="checkbox"/>

How does the facility file completed prescriptions? **(circle)**
 (paper file) (computer file)

Is prescription data stored in the computer?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility print and maintain a daily transaction log? (if YES)	<input type="checkbox"/>	<input type="checkbox"/>
Does the printout contain all the required information?	<input type="checkbox"/>	<input type="checkbox"/>

Does the practitioner, and dispensing technician or trainee if applicable, initial and date the prescriptions after filling?	NAC 639.280(3),(e), 649.743, 639.879(2)(e)	<input type="checkbox"/>	<input type="checkbox"/>
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Is signage in each examination room informing the patient that the patient may request to have symptoms or purpose for the prescription written on the prescription? 8.5"x11" 12pt or larger	<input type="checkbox"/>	<input type="checkbox"/>
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		Yes	No
Are prescriptions ever refilled? (using the same prescription number)		<input type="checkbox"/>	<input type="checkbox"/>
(if YES) is a separate drug refill log maintained?	NAC 639.918	<input type="checkbox"/>	<input type="checkbox"/>
Are prescriptions dispensed with Safety Caps only?		<input type="checkbox"/>	<input type="checkbox"/>
(if NO) is a non-safety cap log maintained?	NAC 639.740	<input type="checkbox"/>	<input type="checkbox"/>
Does the practitioner maintain the dispensing records properly & retain them for 2 years?		<input type="checkbox"/>	<input type="checkbox"/>
Does the facility maintain these records on site?	21 CFR 1304.04 (a)	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility dispense controlled substances? (if NO skip to security section)		<input type="checkbox"/>	<input type="checkbox"/>
Does the facility dispense schedule 2 substances? (if YES)		<input type="checkbox"/>	<input type="checkbox"/>
Are schedule II prescriptions filed separately from all other prescriptions?		<input type="checkbox"/>	<input type="checkbox"/>
Does the facility participate in the Controlled Substance Ordering System (CSOS) for Schedule 2 controlled substances?		<input type="checkbox"/>	<input type="checkbox"/>
Are schedule 2 order forms properly completed?	21 CFR 1305.06	<input type="checkbox"/>	<input type="checkbox"/>
Are schedule 2 records of receipt (invoices) filed separate from all other invoices?	NAC 453.410	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility dispense schedule 3-5 controlled substances?		<input type="checkbox"/>	<input type="checkbox"/>
Are schedule III-V records of receipt (invoices) filed separately from all other records?	NAC 453.410	<input type="checkbox"/>	<input type="checkbox"/>
How are schedule III-V prescriptions filed? (circle) (single file) (separate file)	NAC 453.480/21 CFR 1304.04 (h)]		
If in single file: are controlled prescriptions marked in a way to be readily retrievable?		<input type="checkbox"/>	<input type="checkbox"/>
Has a biennial inventory of controlled substances been completed?	21 CFR 1304.11, NRS 453.246	<input type="checkbox"/>	<input type="checkbox"/>
Biennial Inventory date or n/a: _____			
Does facility report all controlled substances dispensed weekly to Nevada controlled substance task force?		<input type="checkbox"/>	<input type="checkbox"/>

You are required to submit electronically, weekly, data on all controlled substances dispensed to the Prescription Controlled Substance Abuse Prevention Taskforce Phone: 775-687-5694
Email: ladams@pharmacy.nv.gov

How are you submitting the required data?
SECURITY NAC 453.400, NAC 639.285, NAC 639.898, NAC 639.520:

Are controlled substances/dangerous drugs kept in a deadbolt locked storage area? Yes No
 Are licensed practitioner(s) the only person(s) with possession of a key? (review dispensing practitioner regulations for when a dispensing technician may possess the key to the medications) Yes No

Does the facility have an alarm system? (recommended) Yes No
 Provider: _____

If dispensing controlled substances:
 Has there been any theft or loss of controlled substances since the last inspection? Yes No
(if YES): Was the theft or loss of controlled substances properly reported to NSBP, DEA, NDPS? NRS 453.568

Are proper drug destruction procedures followed? 21 CFR 1307.21, NAC 639.050

Is access to the controlled substance task force data base limited to the practitioner? Yes No
 How is the access protected? _____

How are prescription pads secured? _____
 Who has access to prescription pads? _____

MANAGEMENT:

Do you have an internet website? Yes No
 If yes, what is the web address? _____

Does the Practitioner(s) understand he/she is legally responsible for the dispensing operation? Yes No

Are prescription drugs, previously dispensed to consumers, accepted for return? NRS 639.282

List individuals who administer medications in your facility. **(attach a separate list if needed)**
(NAC 639.441 "Administer" defined. (NRS 639.070) "Administer" means the direct application of a drug or medicine, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or the subject of research.) NRS 454.213 & NRS 454.215 Authority to administer to possess, administer, or dispense dangerous drugs.

Name	License Classification	License #
_____	_____	_____
_____	_____	_____

Is the facility contracted with a vendor to supply computer software or pharmaceutical products? (if YES)

Computer software vendor's Name/Address/Phone #

Pharmaceutical Products vendor's Name/Address/Phone #

Are dispensing technicians and technicians in training records available for inspection?

1) Are you purchasing for sale or dispensing to your patients, from sources other than a Nevada licensed manufacturer of the pharmaceutical product or a Nevada licensed wholesaler, any compounded pharmaceutical product that is available commercially?

a) Provide a complete list of products (Invoices). List the provider(s) of the compounding pharmaceutical product with the provider's complete contact information.

2) Are you purchasing for administration to your patients, from sources other than a Nevada licensed manufacturer of the pharmaceutical product or a Nevada licensed wholesaler, any compounded pharmaceutical product that is available commercially?

a) Provide a complete list of products (Invoices). List the provider(s) of the compounding pharmaceutical product with the provider's complete contact information.

Provide a list of products you are dispensing with the complete contact information on the source you are purchasing the product from.

How do you verify that the product's provider is licensed to sell to you?

If you are purchasing compounded products and are not sure if the product is available commercially, contact the provider of the product to verify if the product is available commercially.

A pharmacy cannot compound a pharmaceutical product for sale to a practitioner for the purpose of resale by the practitioner.

A pharmacy cannot compound a pharmaceutical product that is available commercially unless there is a significant medical reason for the alteration in the commercial prescription product. Altering includes, but is not limited to, changing one or more inactive ingredients or strength of the active ingredient. The documentation of the reason for altering the commercial product should be noted in the patient's chart and on the written prescription dispensed by the pharmacy.

Your drug dispensing practice has been inspected by an agent of the Nevada State Board of Pharmacy. The results of this inspection are noted above. Conditions that are unsatisfactory or need improvement must be corrected within the time frames stated to ensure compliance with the laws/regulations governing the practice of pharmacy.

I understand that I am required to personally order all medications that I will dispense, check in the medications on arrival and also understand that I must secure all medications that I dispense so that no person has access to the medications that I dispense under my dispensing practitioner registration, except as allowed under NAC. All invoices for medications must be invoiced to me personally. (NAC 639.732) I also understand that I can only dispense medications that I prescribe, not medications prescribed by another practitioner.

I also understand that I must keep a log of who is assigned to be my dispensing technician on a particular day. (Ratio of 1:1 practitioner to dispensing technician)

I acknowledge the noted unsatisfactory conditions have been explained to me and I have received a copy of this inspection report.

Inspector: _____ Dated: _____

Practitioner/or authorized agent: _____ Dated: _____

If signed above by an authorized agent, this inspection approval is not valid until the practitioner signs, dates and faxes this page to the inspector.

I understand that I am responsible for compliance with all dispensing practitioner NAC's and NRS's and that each practitioner in the facility that dispenses must have a dispensing practitioner license. (each dispensing practitioner must sign, print name and date)

Practitioner: _____ Dated _____

It is the responsibility of each practitioner to review this inspection form and contact the inspector with any questions the practitioner may have any on deficiencies or notations made by the inspector. It is each practitioner's responsibility to make sure all deficiencies are corrected.

Important: If your dispensing practitioner(s) are not on site all hours that your facility is open, please keep all dispensing records, invoices and documents in a secure location separate from the medications that are being dispensed. The key to this secure area can be kept in a secure area for access to records by the inspector when the practitioner is not on site.

If your practice compounds sterile products, you must also print and fill out the form NEVADA STATE BOARD OF PHARMACYSTERILE COMPOUNDING NAC 639.66611-639.67079 (LCB FILE R035-06) ADDENDUM found in the institutional pharmacy inspection form located at <http://bop.nv.gov/PDFs/Forms/2012/InstitutionalPharmacyInspectionForm.pdf>. Any entity or person doing sterile compounding must comply with these standards.

Practitioner Dispensing Inspection
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: _____ Address: _____

City: _____ State: NV Zip: _____ Telephone: _____ DEA # _____

_____ I am dispensing controlled substances at the address listed above and I understand that I am required to submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

_____ I am not dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license. By signing and dating this waiver form, I certify that the information provided is true.

Original Signature of Dispensing Practitioner

Date