NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Mechanical Device Inspection: Instruction Sheet and Form

(Revised 05/2023)

The NVBOP's established self-assessment inspection process provides management the opportunity to review the standards by which the board inspects your operation. The process recognizes you as the responsible person to implement and review policies and procedures necessary to provide a quality standard of pharmaceutical services.

Please have this form completed and available for review by the first day of the month listed on your inspection notice. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice.

If this is the first time the Mechanical Device (Device) is being inspected, and this is your "Pre-Inspection", please have this form completed and available for review on the day you are scheduled for your "Pre-Inspection".

To minimize the disruption to your facility during the inspection process please have the following available:

1. Written policies that sets forth:
    a. The duties of all persons who are authorized to obtain access to the device; and
    b. The procedure for:
        i. Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;
        ii. The preparation of an inventory of the drugs and medicines stored in the device; and
        iii. Stocking the device with drugs and medicines.

Pharmacy Information	
Date Completed:	
Pharmacy Name:	
Pharmacy License #:	
Pharmacy Address:	
Pharmacy City, State, Zip:	
Pharmacy Telephone #:	
Pharmacy Fax #:	
Pharmacy Email:	
Managing Pharmacist Name:	
Managing Pharmacist start date:	
NVBOP Inspector:	

Mechanic Device (Device) Information	
Name of Device:	
Make:	
Model/MFG #:	
Serial #:	
MFG Name	
Name of Location for the Device:	
Location Address:	
Location City, State, Zip:	

List all registered pharmacists who will be approving the drugs that will be stocked in the device and list all pharmacy technicians who will be stocking drugs in the device.
(Make copies of this page if additional space is needed)

#	Name (First, Last)	License Number	Please indicate if the pharmacist is: 1. Employed by Medical Facility OR 2. Employed by the Pharmacy that supplies the medical facility in which the drug or medicine is administered.
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Mechanical Device (Device)				
Citation	**Question**	**Yes**	**No**	**NA**
NAC 639.720	All drugs and medicines stocked in the device is approved for use in the device by a registered pharmacist employed by the: i. Medical facility in which the drug or medicine is administered; or ii. Pharmacy that supplies the medical facility in which the drug or medicine is administered.	☐	☐	☐
	Access to the device is: i. Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses, or other practitioners who are: a. Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and b. Employed by the medical facility or pharmacy that supplies the medical facility. ii. Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.	☐	☐	☐
	Each container of a drug or medicine stored in the device is labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.	☐	☐	☐
	The device is designed in such a manner that each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable, and which includes: i. The name, strength, quantity, and form of dosage of the drug or medicine which is stocked, inventoried or removed from administration to a patient; ii. The day and time access to the device is obtained; iii. If a drug or medicine is removed for administration to a patient, the name of the patient; iv. An inventory of the drugs and medicines stored in the device; and v. The name of the person who obtained access to the device.	☐	☐	☐
	The device is designed in such a manner that access to the device may be obtained only by a person with the use of a code which identifies that person.	☐	☐	☐
	The pharmacy which supplies drugs and medicines to a medical facility which are furnished by the device maintains a written policy which sets forth: i. The duties of all persons who are authorized to obtain access to the device; and ii. The procedure for: a. Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device; b. The preparation of an inventory of the drugs and medicines stored in the device; and c. Stocking the device with drugs and medicines.	☐	☐	☐
	The device will only be used at the medical facility indicated on the application.	☐	☐	☐
	The medical facility that uses the device makes and maintains a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance is prepared: ☐ By the mechanical device (The mechanical device may be used to prepare the record of any waste of a controlled substance if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486); OR ☐ As a written record. ☐ NA or other: _____ _____			

Notes

Your location will be inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action will be sent to the email you indicate below. **All unsatisfactory conditions must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business. Please attach a copy of any documentation and corrective action you have taken to this inspection form for future review on inspection.**

Date:	
Pharmacist Printed Name:	
Pharmacist Signature:	
Email address for correspondence:	