



Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

To: Ambulatory Surgical Center Pharmacist Consultant
FROM: Nevada State Board of Pharmacy Inspector
SUBJECT: Self-Assessment Inspection Process

The Board of Pharmacy'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. An inspection evaluation form must be obtained from the NVBOP website to self-assess compliance with Nevada pharmacy law. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice. Please have the self-assessment form completed and available for review by the first day of the month listed on your inspection notice.

An inspector will conduct a review of your operation. Observations, along with your findings, will assure understanding and compliance with Nevada law.

Please attach your inspection notice that you received in the mail to your completed self-assessment inspection form.

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

Completed inspection form along with prior year inspection form

Pharmacist Consultant Contract

NVBOP Registration

Completed DEA-222 forms or CSOS documents

Completed DEA-41 forms if applicable

Completed DEA-106 forms if applicable

Policies and Procedures related to pharmacy operations

Controlled substance records

Monthly pharmacist consultant audit/inspection reports



Consultant Information:

Citation	Question			
NAC 639.4996	Name of Pharmacist Consultant _____			
NAC 639.466	Pharmacist Consultant current contract verified?	Yes	No	N/A
NAC 639.4992	Pharmacist Consultant current registration posted?	Yes	No	N/A

Operations:

Citation	Question			
NAC 639.477	P&P established for pharmacy operations?	Yes	No	N/A
NAC 639.4996	Were P&P's reviewed within the last 12 months	Yes	No	N/A
	Date of most recent review of P&P's _____			
NAC 639.472	Pharmacy reference material is available to all staff?	Yes	No	N/A
NAC 639.4998	Documentation of monthly visit by pharmacy consultant is available for review?	Yes	No	N/A
	Date of most recent monthly visit by consultant _____			

Medications:

Citation	Question			
NAC 639.469	Medication storage areas clean and sanitary?	Yes	No	N/A
NAC 639.470	Medications stored with proper security?	Yes	No	N/A
NAC 639.469 NAC 639.470 21 CFR 1301.75	Controlled Substances stored in locked storage area?	Yes	No	N/A
NAC 449.9905	Schedule II controlled substances stored in a double locked storage area?	Yes	No	N/A



Medications:

Citation	Question			
NAC 639.469	Refrigerated medications stored in a dedicated medication refrigerator?	Yes	No	N/A
NAC 639.469	Daily refrigerator temperature record maintained?	Yes	No	N/A
NAC 639.67057	Multi-Dose vials are stored for a maximum of 28 days after initial opening? Initial date of penetration or discard date must be written on the vial.	Yes	No	N/A

Records:

Citation	Question			
NAC 639.4996	Is a perpetual inventory maintained for all scheduled medications?	Yes	No	N/A
NAC 639.482	Are all records maintained for a minimum of 2 years?	Yes	No	N/A
21 CFR 1305.12	Are DEA-222 forms properly executed?	Yes	No	N/A
	Does the facility participate in the Controlled Substance Ordering System (CSOS). 21 CFR 1305.21-29	Yes	No	N/A
	Does the facility print the completed CSOS document and attach to the invoice from the wholesaler?	Yes	No	N/A
NAC 639.489(1)	Are Schedule 2 invoices filed separately? 21 CFR 1304.04(f)(1)	Yes	No	N/A
NAC 639.489(1)	Are Schedule 3-5 invoices filed separately? 21 CFR 1304.04(f)(1)	Yes	No	N/A
NAC 639.4998	Has there been a discrepancy of 5% or more in quantities of controlled substances in possession versus the amount that should be in possession since the previous NVBOP inspection?	Yes	No	N/A
NAC 639.4998	If yes, was a report filed within 5 business days to the NVBOP?	Yes	No	N/A
	If yes, was a DEA-106 form completed?	Yes	No	N/A
NRS 453.568 NAC 639.487	Was a report of Theft/Loss of controlled substances completed and submitted to the DEA/NVBOP, and Department of Public Safety for any loss of controlled substances since the previous NVBOP inspection? 21 CFR 1301.76 (8)	Yes	No	N/A
	If yes, was the report filed within 10 days?	Yes	No	N/A
NAC 639.486	Records of controlled substance from inventory are maintained (circle)	Electronic	Handwritten	



Records:

Citation

Question

Does the controlled substance record contain the following:

Name of patient	Yes	No	N/A
Name/dosage form/strength of controlled substance	Yes	No	N/A
Date/time administered	Yes	No	N/A
Quantity administered	Yes	No	N/A
Signature/Initials of person administering	Yes	No	N/A
Record of waste/co-signed by another person	Yes	No	N/A
Record filed separate from patient chart	Yes	No	N/A

Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only



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If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Please fax required documents to 1-775-850-1444 for Reno inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

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

Ambulatory Surgical Center: _____

Pharmacist Consultant signature: _____

Pharmacist Consultant name: _____

Date: _____

NVBOP Inspector signature: _____

NVBOP Inspector printed name: _____

Date: _____

Additional Comments: