

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Institutional Pharmacy Inspection: Instruction Sheet and Form

(Revised 1/2022)

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 the self-assessment 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.

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

1. Completed inspection form along with prior year inspection form
2. Completed DEA 222 and/or E-222 (CSOS) electronic forms since last inspection
3. Most recent biennial controlled substance audit
4. In-service training records (CE) for all pharmacy technicians
5. Daily activity log for pharmacy technicians in training
6. Daily work log (legible full name)
7. Non-Sterile Compounding inspection form (if applicable)
8. Sterile Compounding inspection form (if applicable)

Pharmacy Information	
Date Completed:	
Pharmacy Name:	
Pharmacy License #:	
Pharmacy Address:	
Pharmacy Telephone #:	
Pharmacy Fax #:	
Pharmacy Email:	
Managing Pharmacist Name:	
Managing Pharmacist start date:	

List all pharmacy personnel (staff pharmacist(s), intern(s), pharmacy technician(s) and technicians in training) – (Make copies of this page if additional space is needed)			
#	Name (First, Last)	License #	Position
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**List of Persons Authorized to Access any of the Drug Storage Area(s) When Pharmacist is not Available
(Make copies of this page if additional space is needed)**

#	Name (First, Last)	License/Registration # (If applicable)	Credentials/Position
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**List of Persons REMOVED FROM ACCESSING any Drug Storage Area(s) When Pharmacist is not Available
(Make copies of this page if additional space is needed)**

#	Name (First, Last)	License/Registration # (If applicable)	Reason Access Removed
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General Information				
Citation	Question	Yes	No	NA
NAC 639.542	Do all pharmacy personnel wear identification badges?			

Controlled Substances				
Citation	Question	Yes	No	NA
NAC 453.475	Has a new managing pharmacist started since last inspection?			
	If yes, was a controlled substance inventory completed for change in managing pharmacist?			
NAC 639.050	Is destruction of controlled substances documented on form DEA-41?			
	How often are controlled substances destroyed? _____			
	Is your pharmacy registered with the DEA as a “collector” of controlled substances for a mail-back program or collection receptacles where the public may dispose of controlled substances?			
	If yes, has the NVBOP been notified that you are a registered collector?			

Establishment of Policies and Procedures, and Systems for Investigational Drugs				
Citation	Question	Yes	No	NA
NAC 639.468	Does the pharmacy have an investigational drug system?			
	Are policies and procedures in place?			
	Drug protocols on file in the pharmacy?			
	Approved by Pharmacy and Therapeutics Committee?			
	Dispensing controlled by the pharmacy?			

Standards for Premises				
Citation	Question	Yes	No	NA
NAC 639.469	Is space adequate for storage, compounding, labeling, dispensing, and distribution of drugs?			
	Is the space clean and well organized?			
	Is the space well lit and ventilated?			
	Is the sink clean and equipped with hot/cold water?			
	Is the temperature compatible for proper storage of drugs?			
	Locked storage area for Schedule II controlled substances?			
	Is the pharmacy complying with local/state fire codes on storage of flammable materials in the pharmacy?			

Security of Premises				
Citation	Question	Yes	No	NA
NAC 639.470	Can the pharmacy be secured to prevent theft/diversion of prescription drugs?			
	Are all areas able to be locked to prevent unauthorized access (pharmacy, carts, etc.)?			
	Is there a system of key control?			

Procurement and Storage of Drugs				
Citation	Question	Yes	No	NA
NAC 639.473	Is outdated, mislabeled, or adulterated drugs removed from stock?			
	Is outdated stock maintained separately?			
	Is a reverse distributor utilized for outdated stock returns?			

Development and Use of Formulary				
Citation	Question	Yes	No	NA
NAC 639.474	Has a hospital formulary been developed?			
	Is the pharmacist a voting member?			
	Was the formulary/Drug list prepared and updated by committee?			
	Date of last committee meeting _____			
	Written medication management policies have been approved by the committee?			

Prepackaging of Drugs				
Citation	Question	Yes	No	NA
NAC 639.476	Does the pharmacy prepackage drugs?			
	Does the package label include the following:			
	The generic or trade name of the drug, its strength, and the dosage form?			
	The facility lot number?			
	The quantity of the drug if the unit dose does not equal the unit of use?			
	How is the facility expiration date determined? _____			
	Do records for prepacked drugs include the following:			
	The generic or trade name of the drug, its strength, and the dosage form?			
	The facility lot number?			
	Name of manufacturer?			
	Manufacturer's lot number?			
	Manufacturer's original expiration date of drug?			
	Quantity per package if more than one tablet or capsule in package?			
	The number of packages?			
	Date drug was repackaged and assigned facility expiration date?			
	Initials of responsible pharmacist?			
	How long are the records maintained? _____			

Policies and Procedures for Distribution of Drugs				
Citation	Question	Yes	No	NA
NAC 639.477	Has the institution developed and carried out written policies and procedures regarding the distribution of drugs?			
	Is the pharmacy open 24 hours per day?			
	If no, are there specific policies for handling drug orders when pharmacist is off duty?			
	Does the policy include the following:			
	Access to pharmacy?			
	Access to drug room?			
	Access to night medication cart?			
	Access to operating room floor stock?			
	Is there a system to assign responsibility for the control and distribution of drugs?			

Limitations of Distribution of Drugs				
Citation	Question	Yes	No	NA
NAC 639.478	Are drugs distributed only upon order of a practitioner or his/her agent?			

Withdrawal of Drugs When Part-Time or Consultant Pharmacist is Absent				
Citation	Question	Yes	No	NA
NAC 639.480	Are quantities limited to immediate medical needs?			
	Do designated licensed nurse/practitioner remove the product?			
	Is practitioner's order forwarded to pharmacy?			
	Does the Pharmacist reconcile balance within 7 days?			
	Does the record contain the name of patient, name, strength, and quantity of drug, directions for use, and the date of issue?			

Maintenance and Availability of Records				
Citation	Question	Yes	No	NA
NAC 639.482	Are the following records maintained properly and for a period of at least 2 years:			
	Properly completed DEA-222 or E-222 forms?			
	Supplier's invoices of both controlled substances and dangerous drugs?			
	Supplier's credit memos for controlled substances and dangerous drugs?			
	Any reports of theft or loss of controlled substances?			
	Records of destruction or surrender of controlled substances or dangerous drugs?			
	Records of controlled substance inventory including but not limited to the biennial and change of managing pharmacist inventories?			

Maintenance of Records of Controlled Substances				
Citation	Question	Yes	No	NA
NAC 639.485	Does your facility maintain an accurate and up to date perpetual inventory of schedule II controlled substances?			
	Is the perpetual inventory electronic or handwritten? <input type="checkbox"/> Electronic <input type="checkbox"/> Handwritten			

Maintenance of Records for Controlled Substances Administered from Floor Stock:				
Citation	Question	Yes	No	NA
NAC 639.486	Does the pharmacy maintain records of controlled substances from floor stock?			
	Recorded separate from patient record?			
	Records maintained electronic or handwritten? <input type="checkbox"/> Electronic <input type="checkbox"/> Handwritten			
	Does the record contain the following:			
	Name of patient?			
	Name/dosage form, strength of controlled substance?			
	Date/time administered?			
	Quantity administered?			
	Signature of person administering?			
	Controlled substances returned to pharmacy?			
	Record of waste/co-signed by another person?			

Maintenance of Records for Distribution of Controlled Substances to Another Pharmacy or Practitioner				
Citation	Question	Yes	No	NA
NAC 639.488	Does your pharmacy distribute controlled substances to other pharmacies or practitioners?			
	If yes, does your pharmacy comply with the record keeping requirements of NAC 639.488?			

Separation of Certain Records				
Citation	Question	Yes	No	NA
NAC 639.489	Are schedule II invoices filed separately?			
	Are schedule III-V invoices filed separately?			

Maintenance of Additional Records				
Citation	Question	Yes	No	NA
NAC 639.487	Does the facility participate in the Controlled Substance Ordering System (CSOS)?			
	What is the date of the most recent biennial inventory? _____			
	Was a report of Theft/Loss of controlled substances completed and submitted to the NVBOP for any loss of controlled substances since the previous NVBOP inspection?			
	Were all losses of controlled substances reported to the NVBOP and Nevada Department of Public Safety within 10 days of discovery?			

Managing Pharmacist				
Citation	Question	Yes	No	NA
NAC 639.465	Are you in a hospital licensed for 100 or more beds?			
	Are you a correctional institution housing 1500 or more inmates?			
	Note: If you answered yes to either question above your pharmacy is required to have a full-time managing pharmacist.			

Provision of Services by Pharmacies Within Certain Hospitals and Correctional Institutions				
Citation	Question	Yes	No	NA
NAC 639.4915	Does your pharmacy operate 24 hours a day, 7 days a week?			
	Does your pharmacy use the services of an off-site pharmaceutical services provider as defined in NAC 639.4913? If yes, provide the name and license number of the off-site pharmaceutical services provider: _____			

Provision of Remote Services by Pharmacist Employed by Off-Site Pharmaceutical Service Provider				
Citation	Question	Yes	No	NA
NAC 639.4916	Do they only use Nevada licensed pharmacists for chart order processing at your facility?			
	Do the remote chart order pharmacists perform any training in person at your pharmacy?			
NAC 639.5822	Are the remote chart order pharmacists trained on your facilities policies and procedures?			
	Describe the process by which remote chart order pharmacists are advised on changes to your policies and procedures: _____ _____ _____			

Policies and Procedures of Off-Site Pharmaceutical Service Providers				
Citation	Question	Yes	No	NA
NAC 639.4917	Have you or the pharmacy manager reviewed the policies and procedures of the off-site pharmaceutical service provider?			
	Does the off-site pharmaceutical service provider have an ongoing quality improvement program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, improve patient care, and resolve problems identified by the program?			
	If yes, do they collaborate with pharmacy staff to perform the required annual review of that program?			

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:	