



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

To: Pharmacy Manager  
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

Completed DEA-222 and/or E-222 (CSOS) electronic forms since last inspection

Most recent biennial controlled substance audit

In-Service training records (CE) for all pharmacy technicians

Listing of persons authorized to access any of the drug storage areas when pharmacist is not available

**Please complete the sterile compounding inspection form if applicable**

**Please complete the non-sterile compounding inspection form if applicable**



**General Information:**

Citation	Question			
NAC 639.542	Do all pharmacy personnel wear identification badges?	Yes	No	N/A

**Controlled Substances:**

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

**Establishment of Policies and Procedures, and Systems for Investigational Drugs:**

Citation	Question			
NAC 639.468	Does the pharmacy have an investigational drug system?	Yes	No	N/A
	Are policies and procedures in place?	Yes	No	N/A
	Drug protocols on file in the pharmacy?	Yes	No	N/A
	Approved by Pharmacy and Therapeutics Committee?	Yes	No	N/A
	Dispensing controlled by the pharmacy?	Yes	No	N/A



### Standards for Premises:

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

### Security of Premises:

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

### Procurement and Storage of Drugs:

Citation	Question	Yes	No	N/A
NAC 639.473	Is outdated, mislabeled, or adulterated drugs are removed From stock?	Yes	No	N/A
	Is outdated stock maintained separately?	Yes	No	N/A
	Is a reverse distributor utilized for outdated stock returns?	Yes	No	N/A



**Development and Use of Formulary:**

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

**Prepackaging of Drugs:**

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



**Policies and Procedures for Distribution of Drugs:**

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

**Limitations of Distribution of Drugs:**

Citation	Question			
NAC 639.478	Are drugs distributed only upon order of a practitioner or his/her agent?	Yes	No	N/A

**Withdrawal of Drugs When Part-Time or Consultant Pharmacist is Absent:**

Citation	Question			
NAC 639.480	Are quantities limited to immediate medical needs?	Yes	No	N/A
	Do designated licensed nurse/practitioner remove the product?	Yes	No	N/A
	Is practitioner’s order forwarded to pharmacy?	Yes	No	N/A
	Does the Pharmacist reconcile balance within 7 days?	Yes	No	N/A
	Does the record contains the name of patient, name, strength, and quantity of drug, directions for use, and the date of issue?	Yes	No	N/A



**Maintenance and Availability of Records:**

Citation	Question			
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?	Yes	No	N/A
	Supplier's invoices of both controlled substances and dangerous drugs?	Yes	No	N/A
	Supplier's credit memos for controlled substances and dangerous drugs?	Yes	No	N/A
	Any reports of theft or loss of controlled substances?	Yes	No	N/A
	Records of destruction or surrender of controlled substances or dangerous drugs?	Yes	No	N/A
	Records of controlled substance inventory including but not limited to the biennial and change of managing pharmacist inventories?	Yes	No	N/A

**Maintenance of Records for Controlled Substances:**

Citation	Question			
NAC 639.485	Does your facility maintain an accurate and up to date perpetual inventory of schedule II controlled substances?	Yes	No	N/A
	Is the perpetual inventory electronic or handwritten?	_____		

**Maintenance of Records for Controlled Substances Administered from Floor Stock:**

Citation	Question			
NAC 639.486	Does the pharmacy maintain records of controlled substances from floor stock?	Yes	No	N/A
	Recorded separate from patient record?	Yes	No	N/A
	Records maintained electronic or handwritten?	_____		
	Does the 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



**Maintenance of Records for Controlled Substances Administered from Floor Stock:**

Citation	Question			
	Signature of person administering?	Yes	No	N/A
	Controlled substances returned to pharmacy?	Yes	No	N/A
	Record of waste/co-signed by another person?	Yes	No	N/A

**Maintenance of Additional Records:**

Citation	Question			
NAC 639.487	Does the facility participate in the Controlled Substance Ordering System (CSOS)?	Yes	No	N/A
	What is the date of the most recent biennial inventory?	_____		
	Has there been any loss of controlled substances since last inspection?	Yes	No	N/A
	If yes, was a report of theft/loss of controlled substances completed (DEA-106 form)?	Yes	No	N/A
	Was the theft/loss reported to the following:			
	Drug Enforcement Agency?	Yes	No	N/A
	Nevada State Board of Pharmacy?	Yes	No	N/A
	Nevada Department of Public Safety?	Yes	No	N/A
	Were all losses of controlled substances reported to the NVBOP and Nevada Department of Public Safety within 10 days of discovery?	Yes	No	N/A

**Maintenance of Records for Distribution of Controlled Substances to Another Pharmacy or Practitioner:**

Citation	Question			
NAC 639.488	Does your pharmacy distribute controlled substances to other pharmacies or practitioners?	Yes	No	N/A
	If yes, does your pharmacy comply with the record keeping requirements of NAC 639.488?	Yes	No	N/A



**Separation of Certain Records:**

Citation	Question	Yes	No	N/A
NAC 639.489	Are schedule II invoices filed separately?	Yes	No	N/A
	Are schedule II-V invoices filed separately?	Yes	No	N/A

**Managing Pharmacist:**

Citation	Question	Yes	No	N/A
NAC 639.465	Are you in a hospital licensed for 100 or more beds?	Yes	No	N/A
	Are you a correctional institution housing 1500 or more inmates?	Yes	No	N/A

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	N/A
NAC 639.4915	Does your pharmacy operate 24 hours a day, 7 days a week?	Yes	No	N/A
	Does your pharmacy use the services of an off-site pharmaceutical services provider as defined in NAC 639.4913?	Yes	No	N/A

If yes, provide the name and license number of the off-site pharmaceutical services provider:

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**Provision of Remote Services by Pharmacist Employed by Off-Site Pharmaceutical Service Provider:**

Citation	Question			
NAC 639.4916	Do they only use Nevada licensed pharmacists for chart order processing at your facility?	Yes	No	N/A
	Do the remote chart order pharmacists perform any training in person at your pharmacy?	Yes	No	N/A
NAC 639.5822	Are the remote chart order pharmacists trained on your facilities policies and procedures?	Yes	No	N/A
	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			
NAC 639.4917	Have you or the pharmacy manager reviewed the policies and procedures of the off-site pharmaceutical service provider?	Yes	No	N/A
	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?	Yes	No	N/A
	If yes, do they collaborate with pharmacy staff to perform the required annual review of that program?	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.

Pharmacy: \_\_\_\_\_

Pharmacist signature: \_\_\_\_\_

Pharmacist printed name: \_\_\_\_\_

Date: \_\_\_\_\_

NVBOP Inspector signature: \_\_\_\_\_

NVBOP Inspector printed name: \_\_\_\_\_

Date: \_\_\_\_\_



Additional Comments: