



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

To: Medical Products Provider Administrator
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

Documentation of training for non-clinical staff installing and giving instructions on respiratory equipment. Training shall be completed by a person who is acting within the authorized scope of their practice

Accreditation certificate(s)

Current liability insurance certificate

List of current employees including job functions/titles

License(s) for clinical staff members (RT, RN)

O2 analyzer calibration documentation



Products and Services Provided:

Assistive Equipment	Yes	No
Respiratory Equipment	Yes	No
Medical Gases	Yes	No
Life-Sustaining Equipment	Yes	No
Enteral Services and Equipment	Yes	No
Orthotics and Prosthetics	Yes	No
Stockings	Yes	No
Insulin Pumps	Yes	No

General Requirements for all MDEG Registrants:

Citation	Question			
NAC 639.694	Name of current administrator _____			
NAC 639.694	The administrator must be employed by the medical products provider at the place of business or facility at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week.			
NAC 639.694	Has there been a change in administrator since the prior inspection?	Yes	No	N/a
NAC 639.694	If yes, was the NVBOP notified within 3 days of the change in administrator?	Yes	No	N/A
NAC 639.694	Has the business operated without an administrator for more than 10 days since the prior inspection?	Yes	No	N/A
NAC 639.6942	Has there been a change in ownership since the prior inspection?	Yes	No	N/A
NAC 639.6942	If yes, was the NVBOP notified within 30 days of the change in ownership?	Yes	No	N/A
NAC 639.6946	Current liability insurance of at least \$1,000,000?	Yes	No	N/A
NAC 639.6946	Is the facility clean and maintained in an orderly manner?	Yes	No	N/A
NAC 639.6946	Does the facility have a current MDEG registration with NVBOP?	Yes	No	N/A
NAC 639.6946	Facility has restroom with sink containing hot and cold running water?	Yes	No	N/A
	Does your company have an internet web site?	Yes	No	N/A
	If yes, provide website: _____			



General Requirements for all MDEG Registrants:

Citation	Question			
	Does your company provide any products that require a prescription via the web site?	Yes	No	N/A

Records:

Citation	Question			
NAC 639.695	Are records kept on site at facility?	Yes	No	N/A
NAC 639.695	Are records kept for a minimum of 5 years?	Yes	No	N/A
NAC 639.695	Records are kept in a file, chart, or other storage system allowing the record to be retrieved by reference to the name of the consumer, the name of the practitioner, the date the product was provided, or the type of medical product?	Yes	No	N/A
NAC 639.6952	Records of communications with health professional including consumer's physical, functional, and associated need and/or therapeutic or ameliorative objectives for equipment, product, or service provided?	Yes	No	N/A
NAC 639.6952	Records of consumer assessment including: safety of the equipment where the equipment will be used, ability to comply with instructions, and ability to clean and maintain the equipment or product?	Yes	No	N/A
NAC 639.6951	Records of consumer communications including: delineation of the commercially available choices, the set-up and use of the equipment or product, and the maintenance, servicing, cleaning, and repair of the equipment or product?	Yes	No	N/A
NAC 639.695	Practitioner orders kept in an orderly and readily retrievable manner?	Yes	No	N/A



Records:

NAC 639.6946 Does the facility repair equipment on site? Yes No N/A

If yes, please have a repair log available for review that identified the following:

- Type of medical product
- Manufacturer
- Model or model number
- Serial number
- Date of repair
- Specific repair made
- Name of person who made the repair
- Certification that repair brought medical product back to manufacturer's specification

If repairs are not done on site please list where they are sent: _____

NAC 639.6946 Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications? Yes No N/A

Requirements for Providers of Respiratory Services:

Citation	Question			
NRS 630.047 (1)(k)	A person who installs medical equipment for respiratory care that is used in the home and gives instructions regarding the use of that equipment if the person is trained to provide such services and is supervised by a provider of health care who is acting within the authorized scope of his or her practice is exempt from the statues listed in NRS 630.			
NAC 639.6954	Stocking only medical grade gases?	Yes	No	N/A
NAC 639.6954	Service records regarding all equipment?	Yes	No	N/A
NAC 639.6954	Verification that equipment has been checked and is defect free before the equipment is dispensed?	Yes	No	N/A
NAC 639.6954	Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment?	Yes	No	N/A
NAC 639.6954	Checking that the equipment does not present a fire or shock hazard?	Yes	No	N/A
NAC 639.6954	Checking that the equipment has all warning labels and tags?	Yes	No	N/A
NAC 639.6954	Records tracking all gases dispensed, including the lot numbers?	Yes	No	N/A
NAC 639.6954	Records regarding recall of gases?	Yes	No	N/A
NAC 639.6954	System to track and locate all gases and equipment dispensed?	Yes	No	N/A
NAC 639.6954	Records of serial numbers and model numbers of all equipment Dispensed?	Yes	No	N/A



Requirements for Providers of Respiratory Services:

Citation	Question	Yes	No	N/A
NAC 639.6954	Safety data sheets for solutions and products used in cleaning and disinfecting equipment?	Yes	No	N/A
NAC 639.6954	Designated area for clean and dirty equipment with signs posted?	Yes	No	N/A
NAC 639.6954	Designated area for quarantined equipment with signs posted?	Yes	No	N/A
NAC 639.6954	Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, or equipment?	Yes	No	N/A

Requirements for Providers of Life-Sustaining Equipment (Ventilators):

Citation	Question	Yes	No	N/A
NAC 639.6955	Maintain a sufficient number of employees who are trained to service and repair the life-sustaining equipment provided by the medical products provider?	Yes	No	N/A
NAC 639.6955	Maintain a sufficient number of employees who are available to service and repair life-sustaining equipment within 1 hour of any call for service or repair?	Yes	No	N/A
NAC 639.6955	Facility has a 24-hour toll free number consumers may call if life-sustaining equipment has malfunctioned?	Yes	No	N/A
NAC 639.6955	Written emergency information and procedure that is attached to the life-sustaining equipment?	Yes	No	N/A
NAC 639.6955	Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment in the case of malfunction of life-sustaining equipment?	Yes	No	N/A



Requirements for Providers of Enteral Services:

Citation	Question			
NAC 639.6956	Consumer orientation and written checklist including: Instructions for use of the equipment, cleaning procedures, safety precautions, and maintenance procedures?	Yes	No	N/A
NAC 639.6956	Manufacturer's instructions for use of the equipment?	Yes	No	N/A
	Policy for handling of outdated products?	Yes	No	N/A
	Is equipment cleaned and tested between patient use?	Yes	No	N/A

Requirements for Providers of Orthotics and Prosthetic Services:

Citation	Question			
NAC 639.69535	Is the person providing the services certified by an accreditation and certification organization?	Yes	No	N/A
NAC 639.69535	Provide certification document to inspector			
NAC 639.69535	Is the facility accredited by an accreditation and certification organization?	Yes	No	N/A
NAC 639.69535	Provide certification document to inspector			
NAC 639.69535	Does the facility provide emergency services to a consumer within 12 hours after the consumer or his or her caregiver requests the service?	Yes	No	N/A
NAC 639.69537	Is an order from a practitioner obtained for all customized orthotic and prosthetic devices?	Yes	No	N/A



Requirements for Providers of Pressurized Stockings:

Citation	Question	Yes	No	N/A
NAC 639.69545	Are prescriptions obtained for all pressurized stocking orders that have a pressure rating of 20mm of mercury or higher?	Yes	No	N/A
NAC 639.69545	Documentation is available of consumer training in the proper use and maintenance of stockings that have a pressure rating of 20mm of mercury or higher?	Yes	No	N/A

Requirements for Providers of Insulin Pumps:

Citation	Question	Yes	No	N/A
NAC 639.69543	Is the training for insulin pumps provided by a person who is certified by the manufacturer of the insulin pump in the operation of the pump?	Yes	No	N/A
NAC 639.69543	Does the training include the proper use and maintenance of the pump and the procedures for dealing with a malfunction or other problem that may arise in the use of the pump?	Yes	No	N/A

Requirements for MDEG Wholesalers:

Citation	Question	Yes	No	N/A
NAC 639.6937	Medical products wholesaler is defined as to sell, lease, or otherwise provide medical products to a health care facility, agency, practitioner, or provider in this state.			
NAC 639.6957	I have reviewed the regulations related to MDEG wholesalers?	Yes	No	N/A



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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.

Business name: _____

Licensee signature: _____

Printed licensee name: _____

Date: _____

NVBOP Inspector signature: _____

NVBOP Inspector printed name: _____

Date: _____

Additional Comments: