



Retail Pharmacy Pre-Inspection Form

Inspection Date: _____

Inspector: _____

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone: _____

Pharmacy Fax: _____

Pharmacy Manager Name: _____

Pharmacy Manager License: _____

Pharmacy Manager E-mail: _____

Address Change: **Yes** **No**

Facility Hours:

Monday – Friday: _____

Saturday: _____

Sunday: _____



Type of Facility:

Retail Pharmacy	Yes	No
Institution	Yes	No
Home Infusion	Yes	No
Radiopharmaceutical	Yes	No
Long-term care	Yes	No
Non-sterile compounding	Yes	No
Sterile compounding	Yes	No
Off-site cognitive services	Yes	No

Facility Requirements:

Citation	Question	Yes	No	N/A
NAC 639.525	2' X 3' clear work area for each pharmacist and technician on duty and a minimum of free floor space behind the prescription counter that is not less than 8 feet in length and 4 feet in width?	Yes	No	N/A
NAC 639.469	Is there a clean and sanitary sink with hot and cold running water available in the pharmacy for all personnel to use?	Yes	No	N/A
NAC 639.530	Are the floors/counters/other areas free of debris?	Yes	No	N/A
NAC 639.469	Is the pharmacy clean and arranged in an orderly manner?	Yes	No	N/A
NAC 639.510 NRS 639.282	Is the temperature in the pharmacy compatible with drug storage requirements? USP recommends 68-77 F (20-25 C) with short excursions allowed from 59-86 degrees F.	Yes	No	N/A
NAC 639.527	Is the temperature in the refrigerator(s) appropriate for the medication stored? (36-46 F or 2-8 C)	Yes	No	N/A
NAC 639.527 NAC 639.510	Is the temperature in the freezer(s) appropriate for the medication stored? (in accordance with manufacturer's requirement)	Yes	No	N/A
NAC 639.525	Are the refrigerator(s) and freezer(s) alarms on and checked periodically?	Yes	No	N/A
NAC 639.525	Programmable thermometer is available to monitor room temperature, refrigerator, and freezer?	Yes	No	N/A



Facility Requirements:

Citation	Question			
NAC 639.530	Mandatory toilet inside or adjoining wall with pharmacy?	Yes	No	N/A
NAC 639.525	Facsimile machine on-site?	Yes	No	N/A
NRS 454.130	Is a poison control center telephone number posted in the pharmacy?	Yes	No	N/A
NAC 639.469 NAC 639.525	Does all equipment such as the phone, fax, computer, printer, electronic signature devices, and copy machine work properly?	Yes	No	N/A

Counseling:

Citation	Question			
NAC 639.708	Counseling area visually confidential?	Yes	No	N/A
	Counseling area audibly confidential?	Yes	No	N/A
NAC 639.707	Counseling log maintained?	Yes	No	N/A
	If yes, the log is maintained: (circle)		Electronic	Hand-Written

Prescription Readers:

Citation	Question			
NAC 639.756	Is there a visible sign posted in the pharmacy informing patients about the availability of prescription readers?	Yes	No	N/A
	Is written notice or verbal notice of the availability of a prescription reader given to the patient or caregiver of the patient to whom a drug is dispensed?	Yes	No	N/A
	Upon request, the patient or patient's caregiver is provided a prescription reader or given directions or advice on the manner in which to obtain a prescription reader?	Yes	No	N/A



Security:

Citation	Question			
	Name of pharmacy software system: _____			
NAC 639.751	Does each computer terminal require that the staff member login with a password, biometric, or other electronic means of identification?	Yes	No	N/A
	Does the computer require the entry of a password, biometric, or other electronic means of identification each time there is new data entry or a change made to data?	Yes	No	N/A
	How often are the passwords changed? _____			
	Does the terminal automatically log-out a staff member or does the staff member have to manually log-out? _____			
NAC 639.520	Does the pharmacy have a dead-bolt lock for all entries into the pharmacy areas?	Yes	No	N/A
	Is the pharmacy secured to prevent unauthorized access? (only a Nevada licensed pharmacist may have a key, keypad code, or other means of access into the pharmacy)	Yes	No	N/A
	There is an alarm system in place?	Yes	No	N/A
	Name of alarm company? _____			
	Security cameras are located in the pharmacy?	Yes	No	N/A
	There is a public barrier with a minimum of 5ft in height?	Yes	No	N/A

References:

Citation	Question			
NAC 639.503	Nevada Statutes and Regulation are available electronically?	Yes	No	N/A
NAC 639.503	References are available specific for the type of practice?	Yes	No	N/A



Prescription Labeling:

Citation	Question	Yes	No	N/A
NRS 639.2801	Do labels bear all required information?	Yes	No	N/A
NAC 639.030	Does the computer only issue labels with a date that is the most recent date on which the prescription was filled?	Yes	No	N/A
	Expiration date on the label appears as: (circle) default order entry handwritten			

Records:

Citation	Question	Yes	No	N/A
NAC 639.245 NAC 639.250	Are all records of licensed pharmacy personnel on duty each day maintained in a written or electronic record?	Yes	No	N/A
	If electronic, the record must be able to be printed for the last 2 years. The record must clearly identify the job description performed that day for each staff member.			
	DEA-222 or CSOS records will be attached to the invoice from the wholesaler?	Yes	No	N/A
	Pharmacy manager understands that all records must be kept for a minimum of 2 years?	Yes	No	N/A

Pharmaceutical Stock:

Citation	Question	Yes	No	N/A
NRS 639.100	Products are only purchased from a NV licensed wholesaler or manufacturer?	Yes	No	N/A
	Name of proposed wholesaler? _____			

Compounding:

Citation	Question	Yes	No	N/A
	Will non-sterile compounding be performed at pharmacy?	Yes	No	N/A
	Will any non-sterile products be assigned a beyond use date in excess of USP-795 guidelines?	Yes	No	N/A
	Has the pharmacy manager received appropriate training in non-sterile compounding?	Yes	No	N/A



Compounding:

Citation	Question	Yes	No	N/A
	Will sterile compounding be performed at pharmacy?	Yes	No	N/A
	If yes, what risk level of compounding will be performed?	_____		
	Have the ISO classified areas been certified? Please attach a copy of the certification report	Yes	No	N/A
	Has the pharmacy manager received appropriate training in sterile compounding?	Yes	No	N/A
	Has the board approved the pharmacy for sterile compounding?	Yes	No	N/A

Miscellaneous:

Citation	Question	Yes	No	N/A
NAC 639.708(3)	Will the pharmacy routinely deliver prescriptions outside the local area? (If yes, list the toll-free number provided to patients)	Yes	No	N/A

	Will the pharmacy be providing local delivery service to patients:	Yes	No	N/A
	If yes, will the pharmacy utilize a contacted service for deliveries or their own staff members?	_____		
	Please list the name of the contracted delivery service if known:	_____		



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

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 Name: _____

Pharmacist signature: _____

Pharmacist printed name: _____

Date: _____

NVBOP Inspector signature: _____

NVBOP Inspector printed name: _____

Date: _____



Nevada State Board of Pharmacy
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NVBOP Inspector Use Only

I have inspected the premises to be occupied by the applicant?	Yes	No	
I recommend the approval of the application and the issuance of the license?	Yes	No	
I do not approve the application until the corrections noted on this inspection report have been resolved?	Yes	No	N/A
All corrections have been completed and I approve the application and the issuance of the license?	Yes	No	N/A
Date of final approval after corrections completed:	_____		

Additional Comments: