

NEVADA STATE BOARD OF PHARMACY

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

Retail Pharmacy PRE-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. **Please have the PRE-INSPECTION self-assessment form completed and available for review. An inspector will review the form with you and inspect your facility.**

Pharmacy Information	
Date Completed:	
Pharmacy Name:	
Pharmacy License # (if applicable):	
Pharmacy Address:	
Pharmacy Telephone #:	
Pharmacy Fax #:	
Pharmacy Email:	
Managing Pharmacist Name:	
Managing Pharmacist Registration #:	
Is this a Pre-Inspection due to an address change?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Facility		
Retail Pharmacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Infusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Radiopharmaceutical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Long-Term Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Sterile Compounding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sterile Compounding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Off-site Cognitive Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hours of Operation	
Sun	
Mon	
Tues	
Wed	
Thur	
Fri	
Sat	

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 Number	Position
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Facility Requirements				
Citation	Question	Yes	No	NA
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?			
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?			
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.			
NAC 639.527	Is the temperature in the refrigerator(s) appropriate for the medication stored? (36-46 F or 2-8 C)			
NAC 639.527 NAC 639.510	Is the temperature in the freezer(s) appropriate for the medication stored? (in accordance with manufacturer's requirement)			
NAC 639.525	Are the refrigerator(s) and freezer(s) alarms on and checked periodically			
	Programmable thermometer is available to monitor room temperature, refrigerator, and freezer?			
NAC 639.530	Mandatory toilet inside or adjoining wall with pharmacy?			
NAC 639.525	Facsimile machine on-site?			
NRS 454.130	Is a poison control center telephone number posted in the pharmacy?			
NAC 639.469 NAC 639.525	Does all equipment such as the phone, fax, computer, printer, electronic signature devices, and copy machine work properly?			

Counseling				
Citation	Question	Yes	No	NA
NAC 639.708	Counseling area visually confidential?			
	Counseling area audibly confidential?			
NAC 639.707	Counseling log maintained?			
	If yes, the log is maintained: <input type="checkbox"/> Electronic <input type="checkbox"/> Written			

Security				
Citation	Question	Yes	No	NA
	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?			
	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?			
	How often are the passwords changed? _____			
	The terminal will log-out a staff member <input type="checkbox"/> Automatically <input type="checkbox"/> Manually			
NAC 639.520	Does the pharmacy have a dead-bolt lock for all entries into the pharmacy areas?			
	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)			
	There is an alarm system in place?			
	Name of alarm company? _____			
	Security cameras are located in the pharmacy?			
	There is a public barrier with a minimum of 5ft in height?			

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

Prescription Readers				
Citation	Question	Yes	No	NA
NAC 639.756	Is there a visible sign posted in the pharmacy informing patients about the availability of prescription readers?			
	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?			
	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?			

Prescription Labeling				
Citation	Question	Yes	No	NA
NRS 639.2801	Do labels bear all required information?			
NAC 639.030	Does the computer only issue labels with a date that is the most recent date on which the prescription was filled?			
	Expiration date on the label appears as: <input type="checkbox"/> Default <input type="checkbox"/> Order Entry <input type="checkbox"/> Handwritten			

Records				
Citation	Question	Yes	No	NA
NAC 639.245 NAC 639.250	Are all records of licensed pharmacy personnel on duty each day maintained in a written or electronic record?			
	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?			
	Pharmacy manager understands that all records must be kept for a minimum of 2 years?			

Pharmaceutical Stock				
Citation	Question	Yes	No	NA
NRS 639.100	Products are only purchased from a NV licensed wholesaler or manufacturer?			
	Name of proposed wholesaler? _____			

Compounding				
Citation	Question	Yes	No	NA
	Will non-sterile compounding be performed at pharmacy?			
	Will any non-sterile products be assigned a beyond use date in excess of USP-795 guidelines?			
	Has the pharmacy manager received appropriate training in non-sterile compounding?			
	Will sterile compounding be performed at pharmacy?			
	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.			
	Has the pharmacy manager received appropriate training in sterile compounding?			
	Has the board approved the pharmacy for sterile compounding?			

Miscellaneous				
Citation	Question	Yes	No	NA
NAC 639.708(3)	Will the pharmacy routinely deliver prescriptions outside the local area? (If yes, list the toll-free number provided to patients) _____			
	Will the pharmacy be providing local delivery service to patients?			
	If yes, what will the pharmacy utilize for deliveries? <input type="checkbox"/> Contacted Service <input type="checkbox"/> Staff Members			
	If Contracted Service, provide the name: _____			

General guidelines related to receipt of prescriptions:

Transmission of prescriptions by facsimile machine – Written prescriptions and faxed prescriptions, regardless of method of receipt via standalone fax, by a computerized fax queue or other fax method, require the handwritten signature of the prescribing practitioner. A prescription received via fax or written is not a legal prescription without a handwritten signature. A pharmacist must validate that a prescription received by fax in a computer fax queue has a handwritten signature and not an electronically signed or stamped signature.

A practitioner may sign a paper prescription in the same manner as he or she would sign a check or legal document. Where an oral order is not permitted, paper prescriptions shall be written with ink or indelible pencil, typewriter, or printed on a computer printer and shall be manually signed by the practitioner. A computer-generated prescription that is printed out or faxed by the practitioner must be manually signed.

Electronic transmission of prescription – The electronic signature must be digitally signed with at least all the information required under part 1306, Prescriptions, of 21 CFR. A prescription that is digitally signed with a practitioner’s private key may be transmitted to a pharmacy without the digital signature.

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:	

NVBOP Inspector Use Only

Pharmacy Information	
Date Completed:	
Inspector Name:	
Pharmacy Name:	
Pharmacy License # (if applicable):	
Pharmacy Address:	

Recommendations	Yes	No	NA
Is this a Pre-Inspection due to an address/location change?			
I recommend the approval of the application and the issuance of the license?			
I do not approve the application until the corrections noted on this inspection report have been resolved?			
If additional information is required, all corrections have been completed and I approve the application and the issuance of the license?			
Date of final approval after corrections completed: _____			