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

List of compounding personnel approved to compound sterile products

List of compounding personnel and the risk level they are qualified to compound

Most recent certification report for ISO classified areas. Documentation of corrective action taken by facility for any failures documented on certification report

Prior 12 months of glove finger-tip testing results. Documentation of corrective action taken by facility for any failures

Prior 12 months of media fill testing results. Documentation of corrective action taken by facility for any failures

Prior 12 months of competency documentation for compounding personnel

Sterility/potency data for any products with a BUD in excess of USP-797 guidelines

Examples of compounding records

SOP's relevant to the sterile compounding process

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General Information:

Citation	Question			
NAC 639.757	Compounded products are only prepared to fill a patient specific prescription, a chart order for immediate use by the patient, or for a practitioner who will administer the product to a patient?	Yes	No	N/A
NAC 639.67015	The pharmacy has a written standard operating procedure manual with detailed instructions that describes how, when, and by whom all relevant Nevada Revised Statutes and Administrative Codes are to be met relating to the sterile compounding process?	Yes	No	N/A

Personnel Training and Evaluation Documentation:

Citation	Question			
	Documentation is on file for each person who compounds sterile products that the person is competent and proficient to correctly perform all tasks related to sterile compounding and has received initial and ongoing training to establish and maintain their competency?	Yes	No	N/A
NAC 639.67013	The following records for employees on hire or newly assigned to compound drugs products at a higher risk level are completed on an initial and ongoing basis:			
	Perform aseptic hand cleansing?	Yes	No	N/A
	Select and appropriately don protective garb?	Yes	No	N/A
	Competency in calculations, identifying, weighing, and measuring ingredients?	Yes	No	N/A
	Procedures for containment, cleaning, and disposal with regard to breaks and spills?	Yes	No	N/A
	Appropriate documentation of training of any non-pharmacy personnel cleaning and/or disinfecting or entering ISO areas?	Yes	No	N/A
NAC 639.67077 NAC 639.67079	Additional training records for personnel compounding hazardous drugs including but not limited to the following:			
	Protection of personnel and compounding environment from contamination by hazardous drugs?	Yes	No	N/A
	Treatment of employees of the pharmacy with regard to contact and inhalation exposure?	Yes	No	N/A
	Negative pressure techniques for BSC, CAI, and CACI?	Yes	No	N/A

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Personnel Training and Evaluation Documentation:

Citation	Question			
	Safe aseptic manipulation techniques?	Yes	No	N/A
	Correct use of vial transfer devices?	Yes	No	N/A
	Containment, cleanup, and disposal procedures?	Yes	No	N/A
	Additional radiopharmaceutical training if applicable:			
	Compounding, handling, cleaning, and special techniques?	Yes	No	N/A
	Certification of and display of pharmacist's certificate in Nuclear pharmacy?	Yes	No	N/A
NAC 639.6649 NAC 639.67053	*Media Fill Testing*			
	Appropriate to risk level?	Yes	No	N/A
	Minimum of every 12 months for low or medium risk compounding or every 6 months for high risk compounding?	Yes	No	N/A
	Documentation of failure and re-testing is maintained?	Yes	No	N/A
NAC 639.6633 NAC 639.67053	*Glove Finger-tip Testing*			
	Minimum of every 12 months for low or medium risk compounding or every 6 months for high risk compounding?	Yes	No	N/A
	Sampled immediately after gowning/garbing for initial testing?	Yes	No	N/A
	Employees must successfully pass 3 tests with zero cfu's for initial testing?	Yes	No	N/A
	Employees must successfully pass 1 test with less than 3 cfu's for annual/semi-annual training?	Yes	No	N/A
	Documentation of failure and re-testing is maintained?	Yes	No	N/A

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Environmental and Equipment Documentation:

Citation	Question			
USP 797	Room pressurization test results are completed every 6 months?	Yes	No	N/A
USP 797	Positive pressure areas maintain a pressure between 0.02 – 0.05 in water column pressure between areas?	Yes	No	N/A
USP 797	Negative pressure areas maintain a pressure greater than – 0.01 in water column pressure between areas?	Yes	No	N/A
USP 797	Pressure gauges are installed to monitor pressure differential between the buffer area and ante area and the general environment outside the compounding area?	Yes	No	N/A
USP 797	Daily logs are maintained either electronically or hand-written to document room pressurization results?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any deviation from room pressurization limits listed above?	Yes	No	N/A
USP 797	ISO-7 classified areas have a minimum of 30 ACPH with at least 15 from outside air sources?	Yes	No	N/A
USP 797	ISO-8 classified areas should have a minimum of 20 ACPH?	Yes	No	N/A
USP 797	If a CACI is used in a non-HEPA filtered room the room is certified to maintain a minimum of 12 ACPH?	Yes	No	N/A
USP 797	Smoke studies are performed at least every 6 months and the results are reviewed by the PIC?	Yes	No	N/A
USP 797	Viable air sampling by active impaction using a volumetric air sampling device is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for air viable sampling?	Yes	No	N/A
USP 797	Viable surface sampling is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for surface viable sampling?	Yes	No	N/A
USP 797	Non-viable particle sampling is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for non-viable air sampling?	Yes	No	N/A

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Environmental and Equipment Documentation:

Citation	Question
	If an ISO-5 area fails testing then all product compounded in the area will be considered immediate use compounding only and assigned a 1 hour BUD
	If an ISO-7 area fails testing then all product compounded in the area will have a maximum BUD of 12 hours.

Product Record Keeping Documentation:

Citation	Question			
NAC 639.6705	Buffer room temperature log maintained?	Yes	No	N/A
NAC 639.525 NAC 639.527	Refrigerator and freezer temperature log maintained?	Yes	No	N/A
NAC 639.6705	Pharmacy maintains a cleaning log that documents the areas cleaned, the person performing the cleaning, and frequency of the cleaning, and the products used for cleaning in all ISO classified areas?	Yes	No	N/A
NAC 639.6637	A pharmacy performing high risk sterile compounding maintains a sterilization log to document results of bubble point testing, autoclave, dry oven, and biological indicator?	Yes	No	N/A
NAC 639.6637	Any sterilization failures are documented and corrective action taken regarding the failures are also documented?	Yes	No	N/A
NAC 639.67019	All compounding records are maintained for 2 years?	Yes	No	N/A
	Exemption to records requirements. The record of all sterile compounded drug products compounded by a pharmacy (other than an institutional pharmacy) and for all sterile products for parenteral nutrition and sterile anti-neoplastic drug products compounded by an institutional pharmacy must be maintained for 6 months.			
	All compounding/batch records contain the following:			
	All necessary compounding instructions?	Yes	No	N/A
	A complete list of sterilization parameters if necessary?	Yes	No	N/A
	The equipment used in the compounding/sterilization process?	Yes	No	N/A
	Reconciliation and yield of the batch?	Yes	No	N/A
	All equipment such as beakers and glassware are clearly marked with the product name and lot number during the compounding process?	Yes	No	N/A
	Record of sterilization of components used including but not limited to rubber caps, vials, and products?	Yes	No	N/A
	Identity of compounding personnel and the pharmacist approving the batch?	Yes	No	N/A

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Product Record Keeping Documentation:

Citation	Question			
	Documentation of all testing, including but not limited to sterility, endotoxin, and potency is attached to the compounding record or is cross referenced to the record of testing results?	Yes	No	N/A
	Are beyond use dates in excess of USP-797 utilized?	Yes	No	N/A
	Is documentation available (sterility, potency, endotoxin) to support BUD assigned by pharmacy?	Yes	No	N/A
NAC 639.67015	Records for tracking, recalling, and destroying drug products compounded by the pharmacy, including the pharmacy's ability to ensure that all drug products which could have been compounded with a particular component be located, recalled, and destroyed?	Yes	No	N/A

Equipment Record Keeping Documentation:

Citation	Question			
NAC 639.6701	Records are available for review for all equipment used in compounding. The records include but are not limited to equipment setup, calibration, filter changes, equipment failures and repairs, and periodic testing required, and cleaning of equipment?	Yes	No	N/A
	Policies and procedures are available for the equipment used by the pharmacy to compound drug products?	Yes	No	N/A
	Records of all equipment calibrations, routine maintenance, and periodic testing is kept for the life of the equipment?	Yes	No	N/A
	There is a log kept for the cleaning, calibration, and maintenance of all automated compounding devices?	Yes	No	N/A

Sterilization:

Citation	Question			
NAC 639.67069	Is an autoclave used for sterilization?	Yes	No	N/A
	Is a biological indicator or other testing device utilized to validate the effectiveness of the autoclave?	Yes	No	N/A
	Are the results of the biological indicator test documented?	Yes	No	N/A

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Sterilization:

Citation	Question			
	Is each drug product exposed to steam at 121 degrees Celsius under a pressure of 15 pounds per square inch for the duration of the sterilization process?	Yes	No	N/A
	Is a computer printout of the autoclave cycle attached to the compounding worksheet?	Yes	No	N/A
	Before starting the sterilization process, is each product including plastic, glass, and metal devices wrapped in low particle shedding paper or fabric or sealed in envelopes that prevent microbial penetration after the sterilization of the high risk compounded drug product is completed?	Yes	No	N/A
	Pharmacy personnel are verifying the mass of the container that will be sterilized using steam in an autoclave to ensure that the container will be sterile after the period of exposure in the autoclave?	Yes	No	N/A
	Pharmacy personnel ensure that the solutions that will be used to fill the vials which will be steam sterilized are passed through a filter having a porosity of not more than 1.2 microns to remove particulate matter immediately before filling those vials?	Yes	No	N/A
	Is a dry oven used for sterilization?	Yes	No	N/A
	Is a biological indicator or other testing device utilized to validate the effectiveness of the dry oven?	Yes	No	N/A
	The pharmacy personnel ensure that the heated air is filtered and evenly distributed by a blower throughout the chamber or oven used for the sterilization process?	Yes	No	N/A
	The pharmacy personnel ensure the chamber or oven for the sterilization process is equipped with accurate temperature controls and a timer?	Yes	No	N/A
	The pharmacy personnel ensure that the pharmacy only use dry heat as a method of sterilization for a high risk sterile compounded drug product if the final product would be damaged by moisture or is impermeable to moisture?	Yes	No	N/A
	Does the pharmacy utilize sterile filtration as a method to sterilize high risk products?	Yes	No	N/A
	The pharmacy personnel are trained on the proper procedure for bubble point testing?	Yes	No	N/A

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Sterilization:

Citation	Question			
	The results of the actual bubble point tests are documented on the compounding worksheet?	Yes	No	N/A
	If a bubble point test failure occurs these results are documented and the disposition of the product is also documented?	Yes	No	N/A
	The specific type of filter used and its associated bubble point threshold is listed on each compounding worksheet and available to the person completing the bubble point test?	Yes	No	N/A
	Pharmacy personnel ensure that the filters used have sufficient capacity to permit the sterilization process to be completed rapidly and without compromising the sterility of the filtration process?	Yes	No	N/A
	Pharmacy personnel subject the filtration to the manufacturer's recommended integrity testing, including without limitation, the bubble point test, after the filtration of the high risk sterile compounded drug product is completed?	Yes	No	N/A

CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67061 NAC 639.67063	*Low Risk Level CSP's*			
	Does your pharmacy compound low risk level sterile products?	Yes	No	N/A
	Compounding involves only transfer, measuring, and mixing manipulations using not more than 3 commercially manufactured sterile products or other entries of a sterile drug product into one container, including, without limitation, a bag or vial, to make the final compounded drug product?	Yes	No	N/A
	Manipulations are limited to aseptically opening ampoules, penetrating disinfected stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile products, and containers for storage and dispensing?	Yes	No	N/A
	In the absence of sterility or potency testing, storage is not more than 48 hours at room temperature, 14 days refrigerated, or 45 days frozen?	Yes	No	N/A

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CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67065	*Medium Risk Level CSP's*			
	Does your pharmacy compound medium risk level products?	Yes	No	N/A
	The final CSP is treated as medium risk if the CSP does not contain broad spectrum bacteriostatic substances and will be administered over a period which exceeds 24 hours?	Yes	No	N/A
	Aseptic manipulation within an ISO Class 5 environment of unusually long duration or complex aseptic manipulation, with more than 3 sterile products or other entries into one container?	Yes	No	N/A
	In the absence of sterility or potency testing, storage is not more than 30 hours at room temperature, 9 days refrigerated, or 45 days frozen?	Yes	No	N/A
NAC 639.67067 NAC 639.67069 NAC 639.67071	*High Risk Level CSP's*			
	Does your pharmacy compound high risk level products?	Yes	No	N/A
	Sterilization methods are verified to achieve sterility for the quantity and types of containers?	Yes	No	N/A
	Sterilization methods are chosen based on appropriate method for the pharmaceutical product being sterilized?	Yes	No	N/A
	In the absence of sterility or potency, storage is not more than 24 hours at room temperature, 3 days refrigerated, and 45 days frozen?	Yes	No	N/A
	High risk sterile compounded drugs for injection into the vascular system or central nervous system or high risk sterile compounded drugs for inhalation or ophthalmic use must perform sterility tests for the following scenarios:			
	CSP's if they are prepared in batches > 25 individual single dose packages			
	Compounded in multiple dose vials for administration to multiple patients			
	Will be exposed for a period of more than 12 hours refrigerated or 6 hours at room temperature prior to sterilization			
	Is each high risk compounded product checked for particulates against separated lighted black and white background?	Yes	No	N/A

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CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67073 NAC 639.67075	*Immediate Use CSP's*			
	Does your pharmacy compound immediate use products?	Yes	No	N/A
	If administration has not begun within 1 hour of being compounded, CSP is discarded unless a period longer than 1 hour is required for compounding?	Yes	No	N/A
	Unless the person who prepares the CSP immediately witnesses or completely administers it, the CSP is labeled with patient identifier, names and amounts of all ingredients, initials of the compounder, and the exact 1 hour BUD and time is written on the label?	Yes	No	N/A
	Administration begins not later than 1 hour following the start of the preparation of the CSP and the compounded drug product is fully administered as soon as practical but not longer than 24 hours after the administration of the drug product began or the CSP is disposed of promptly and safely?	Yes	No	N/A
	No more than six sterile non-hazardous commercial drug products are used, excluding infusion solutions or diluents?	Yes	No	N/A

Single Dose and Multiple Dose Containers:

Citation	Question			
NAC 639.67057	Single dose containers entered in a worse than ISO Class 5 air quality and stored in worse than ISO Class 7 are used within 1 hour of entry?	Yes	No	N/A
	Single dose containers entered in ISO Class 5 or cleaner air and are stored in ISO 7 or cleaner air are used within 6 hours of entry?	Yes	No	N/A
	Single dose containers entered in ISO Class 5 or cleaner air and remains in ISO 5 air quality are used within 24 hours?	Yes	No	N/A
	Opened single dose ampoules are not stored?	Yes	No	N/A
	If the entire seal has been removed from a multi-use vial the contents are not stored?	Yes	No	N/A

Single Dose and Multiple Dose Containers:

Citation	Question			
	Closure sealed multiple dose containers are used within 28 days after initial opening or entry?	Yes	No	N/A
	Closure sealed multiple dose containers are dated with date of opening or entry and date is clearly identified?	Yes	No	N/A

Hazardous Drugs as CSP's:

Citation	Question			
NAC 639.67077 NAC 639.67079	Hazardous drugs are stored separately from other inventory?	Yes	No	N/A
	Hazardous drugs are handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparation for administration, and disposal?	Yes	No	N/A
	Hazardous drugs are prepared for administration only under conditions that protect the healthcare workers and other personnel in the preparation and storage areas?	Yes	No	N/A
	Disposal of hazardous waste complies with all applicable federal, state, and local regulations?	Yes	No	N/A
	CSP is prepared in a BSC or CACI that meets or exceeds standards?	Yes	No	N/A
	BSC or CACI is vented outside the building if one of more components of the compounded hazardous drug is an anti-neoplastic drug?	Yes	No	N/A
	Access is limited to areas where hazardous drugs are stored and prepared?	Yes	No	N/A
	Personnel who compound hazardous drugs are trained in storage, handling, compounding safety procedures, and disposal of drugs prior to preparing or handling hazardous CSP's?	Yes	No	N/A
	The pharmacy utilizes a closed system transfer device for hazardous CSP's?	Yes	No	N/A

Radiopharmaceuticals:

Citation	Question			
NAC 639.67063 NAC 639.5802- NAC 639.584	Radiopharmaceuticals are compounded using appropriately shielded vials and syringes in a properly functioning and certified vertical laminar airflow hood or Class II type B2 BSC that is located in an environment with an air quality of ISO Class 8 or higher?	Yes	No	N/A
	Only shielded vials, syringes, and other devices and containers specifically manufactured for use with radiopharmaceutical components are used in the compounding process?	Yes	No	N/A
	Any special equipment or device that is used to compound radiopharmaceutical products, including, without limitation, a Molybdenum-Technetium-99m generator system are stored and operated under conditions recommended by manufacturers and applicable state and federal regulations; such generator systems are operated in an ISO Class 8 or cleaner air environment?	Yes	No	N/A
	Low Risk – The final compounded drug product contains a volume of 15ml or less of a radiopharmaceutical and has an expiration time of 18 hours or less per dosage unit, including, without limitation, a dosage unit of a radiopharmaceutical prepared from an eluate by using a Molybdenum-Technetium-99m generator; or the final compounded drug product contains commercially manufactured cyclotron radiopharmaceuticals which contain preservatives and which have expiration times of 72 hours or less.			
NAC 639.5822	A nuclear pharmacy must have adequate space and equipment commensurate with the scope of services it provides and must meet the minimum space requirements established for all pharmacies in the state.			
	The pharmacy must have a radionuclide dose calibrator	Yes	No	N/A
	The pharmacy must have a refrigerator	Yes	No	N/A
	The pharmacy must have an area for preparation and dispensation of radiopharmaceuticals	Yes	No	N/A
	The pharmacy must have an area for shipment and receipt of radioactive materials	Yes	No	N/A
	The pharmacy must have an area for storage of radioactive material:	Yes	No	N/A
	The pharmacy must have an area for decay of radioactive Waste	Yes	No	N/A

Radiopharmaceuticals:

Citation	Question			
	The pharmacy must have a single or multiple channel well scintillation counter containing the isotopes sodium iodide, thallium, germanium, and lithium	Yes	No	N/A
	The pharmacy must have a radiochemical fume hood and filter system with suitable equipment for sampling air	Yes	No	N/A
	The pharmacy must have an area survey meter	Yes	No	N/A
	The pharmacy must have at least two Geiger Mueller survey meters, including one high-range mete:	Yes	No	N/A
	The pharmacy must have a microscope and hemocytometer	Yes	No	N/A
	The pharmacy must have a laminar flow hood and appropriate supplies to ensure sterile practices for parenteral solutions	Yes	No	N/A
	The pharmacy must utilize sterile gloves to perform all sterile compounding	Yes	No	N/A
	The pharmacy must have radiation shields for syringes and vials	Yes	No	N/A
	The pharmacy must have a lead-shielded drawing station	Yes	No	N/A
	The pharmacy must have decontamination supplies	Yes	No	N/A
	The pharmacy must have lead transport shields for transport of vials	Yes	No	N/A
	The pharmacy must utilize USA Type A, 7A transport containers approved by the DOP and other labels and supplies for shipping radioactive materials	Yes	No	N/A

Facility Design and Environmental Controls:

Citation	Question
USP 797 NAC 639.6705	Maintain records of any equipment or other mechanical non-compliance, and a record of corrections or retesting done. Records of mechanical failure show the time frame the system was non-compliant and the methodology or backup processes the facility used to maintain compliance.

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Facility Design and Environmental Controls:

Citation	Question			
USP 797 NAC 639.6705	Compounding facility provides an appropriate temperature and well-lighted working environment?	Yes	No	N/A
	Policies and procedures for PEC area are written and followed; determined by the scope and risk levels of aseptic compounding activities utilized during the preparation of CSP's?	Yes	No	N/A
	Only the equipment, furniture, supplies, and other material required for the compounding activities are bought into the area and they are non-permeable, non-shedding, cleanable, and resistant to damage by disinfectants; before such items are brought into the area, they are cleaned and disinfected?	Yes	No	N/A
	The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area are smooth, impervious, free from cracks and crevices and non-shedding; the surfaces are resistant to damage by disinfectant agents?	Yes	No	N/A
	Junctures of ceilings to walls are coved or caulked?	Yes	No	N/A
	If ceilings consist of inlaid panels, the panels are impregnated with a polymer to render them impervious and hydrophobic; they are caulked Around each perimeter?	Yes	No	N/A
	The exterior lens surface of the ceiling lighting fixtures are smooth, mounted flush and sealed; any other penetrations through the ceiling or walls are sealed?	Yes	No	N/A
	The buffer area does not contain sources of water (sinks) or floor drains?	Yes	No	N/A
	Work surfaces are constructed of smooth, impervious materials?	Yes	No	N/A
	Carts are stainless steel wire, non-porous plastic, or sheet metal with cleanable surfaces?	Yes	No	N/A
	Storage shelving, counters, and cabinets are smooth, impervious, free from cracks and crevices, non-shedding, cleanable and disinfectable?	Yes	No	N/A
	If there is particle generating equipment such as a computer, printer, or refrigerator in the buffer room or ante area, the equipment is located by an air return so air flows over and out of the room?	Yes	No	N/A
	PEC's are located within a restricted access ISO Class 7 buffer area unless an exception is met?	Yes	No	N/A

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Facility Design and Environmental Controls:

Citation	Question			
	Designated areas are maintained in a clean condition and have cleanable surfaces, including walls, ceiling, and floors?	Yes	No	N/A
	If not run continuously, the recovery time to achieve ISO Class 5 air quality of PEC's used for sterile compounding is documented, pharmacy personnel are aware of the recovery time, and internal procedures are developed to ensure the ISO Class 5 environment is reached and maintained?	Yes	No	N/A
NAC 639.742 NAC 639.475 NAC 639.672 NAC 639.690	Sufficient storage space is well separated from the area of the laminar flow hood for storage of bulk materials and equipment?	Yes	No	N/A
	There is a sink with hot and cold running water in the ante room?	Yes	No	N/A
	Refrigerator and freezer are of sufficient capacity to store all materials requiring refrigeration or freezer storage?	Yes	No	N/A
	Reference material are available based on the risk level of compounding performed at the pharmacy?	Yes	No	N/A
NAC 639.472 NAC 639.475 NAC 639.672 NAC 639.690	No food or drink is allowed in the ante or buffer room?	Yes	No	N/A
NAC 639.6705- NAC 639.67077	All cleaning materials are non-shedding and dedicated to use in the buffer or clean area, ante area, and segregated areas and are not removed from these areas except for disposal?	Yes	No	N/A
	No shipping cartons are taken into the buffer area, clean area, or segregated compounding areas?	Yes	No	N/A
	All jewelry and piercings are removed prior to entering into the compounding area?	Yes	No	N/A
	People with open wounds, rashes, or respiratory infections are not allowed in the compounding area?	Yes	No	N/A
	Personal outer garments are not allowed in the compounding area?	Yes	No	N/A
	Garbing procedures/SOP including shoe covers, head and face masks, beard covers, hand cleaning, gowning, and sterile gloves are followed?	Yes	No	N/A

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Facility Design and Environmental Controls:

Citation	Question			
NAC 639.67017	If compounding a product for parenteral nutrition, maximum limits are established and are entered for each additive into the computer or an audible alarm or other mechanism alerts the pharmacist that the maximum dose has been exceeded. The automatic compounding device will cease compounding the drug product for parenteral nutrition if the maximum limit for an additive will be exceeded?	Yes	No	N/A
NAC 639.67015	All CSP's are visually inspected for being intact with no abnormal particulate matter, and prescriptions and written compounding procedures are reviewed to verify accuracy of correct ingredients and amounts, aseptic mixing, high risk sterilization, packaging, labeling, and expected physical appearance before they are dispensed or administered?	Yes	No	N/A
	A check system is in place that meets state regulations that include label accuracy and accuracy of the addition of all ingredients used?	Yes	No	N/A
	The pharmacy has written procedures for proper packaging, and transportation conditions to maintain sterility, quality, and purity and strength of CSP's?	Yes	No	N/A
	Chemotoxic and other hazardous CSP' have safeguards to maintain the integrity of the CSP and minimize the exposure potential of these products to the environment and personnel?	Yes	No	N/A
	Delivery and patient care setting personnel are properly trained to deliver the CSP to the appropriate storage location?			
	Outdated and unused CSP's are returned to the compounding facility for disposition as appropriate?	Yes	No	N/A

Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

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: _____

Pharmacist signature: _____

Pharmacist printed name: _____

Date: _____

NVBOP Inspector signature: _____

NVBOP Inspector printed name: _____

Date: _____

Pharmacy Information

Date Completed:	
Pharmacy Name:	
Pharmacy Ad:	
Pharmacy Telephone Number:	
Pharmacy Fax Number:	
Pharmacy Email:	

Please fill out the below information for your Pharmacy Staff – use 2nd sheet if necessary

Position	Name (First and Last Name)	License Number
Managing Pharmacist:		
Staff Pharmacist:		
Intern(s):		
Technician(s):		

Additional Comments: