Date: □ Periodic In: □ New Out: □ Closing	RETAIL INSPECTION FORM						License No OBNDD DEA					
☐ Change o	f Ownersh	nip / Name	e / Locati	on			ses Cur					
Business Hours: Mon-Fri						Training Area Drug Supplier Permit Sterile Compounding Balances W Hot/Cold Water			nit ng W	Y Y	N N N	
NAME						PHONE_						
ADDRESS								ZIP .				
Employees at this location	OSBP#	Displayed	License/Permit Displayed/Current Y N Y			Certi	Immunization Certificate		Prece		eptor N	
D.Ph.'s: (PIC)		1	IN	T	N		IN		1		<u>IN</u>	
	OSBP#	License Displayed		On [Outy	Identif	Identification		Picture		Training	
		Y	N	Υ	N	Υ	N	Υ	N	Υ	N	
nterns:												
Techs:									1			
ecris:											+	
							1				+	
							+				+	
	YN				Υ	N				`	Y N	
Non-DPh employees work before or after business hrs Automation: tracking lot #'s and expiration dates		Non-DPh staff Identified on phone DEA 222 forms executed or CSOS				Diversion Prevention P&P 3 Invoice files maintained					+	
Refrigerator: "F/°C Freezer:°F/°C Logs completed		Lock Out Department					CPR certification in-date					
Office-use meds sold per invoice w/DS permit		CDS losses since last inspection					3 Rx files maintained properly					
CDS Refills: Originals Nightly Log Logbook Outdated drugs removed from pharmacy within 6 months		Mailing rx's outside of OK Unit Dose Exp Dates Correct					Tech Schedule displayed Last annual Inventory on file					
Outdated CDS destruction		Outdated drugs in Active Stock					/errides lir			1	-	
ibrary Current	E-K	E-Kits at LTCF's (if yes, use form)					Compounds (if yes, use form)					
/ideo recording system / Alarm												
Comments:												
mportant: You are directed to take prompt action to correleficiencies have been explained and will be corrected.	ect the above	violations.	If such action	on is dis	regar	ded, Board	action n	nay re	sult. 1	ſhes	e	
Pharmacist:	Col	mpliance C)fficer									