



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES**



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File # _____

CLASS I INSTITUTIONAL PHARMACY

ROUTINE
 CHANGE LOC
 NEW
 CURRENTLY NOT OPERATING
 CHANGE OWNER

Insp # _____

INSPECTION AUTHORITY - CHAPTER 465.017, CHAPTER 893.09 AND CHAPTER 456, FLORIDA STATUTES

NAME OF ESTABLISHMENT		PERMIT NUMBER		DATE OF INSPECTION
DOING BUSINESS AS		DEA NUMBER		CONSULTANT PHARMICIST
STREET ADDRESS		TELEPHONE #	EXT.	CONSULTANT PHARMICIST LICENSE #
CITY	COUNTY	STATE/ZIP		

		N/A	YES	NO
1	Consultant pharmacist of record inspecting monthly and providing written report. [64B16-28.501, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Prepackaged medication properly labeled. [64B16-28.108(3)] [64F12.006 (1) (a) 5., F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Medication requiring refrigeration stored in a refrigerator. [59A-4.112(6), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Medication properly labeled and has quantity of the drug placed in the container. [64B16-28.502(1)(h), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Unit dose medication properly labeled. [64B16-28.108(4)] [64F-12.006 (1) (a)] [59A-4.112(5), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Adequate sanitation and space to protect the health of the public served. [64B16-28.102(4), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Medicinal drugs stored in emergency kits are those medications deemed by Medical Director, Director of Nursing, and Consultant Pharmacist as necessary. [59A-4.112(10), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Emergency kit is readily available and kept sealed. [59A-4.112(10), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Inventory of emergency kit attached to outside of kit. [59A-4.112(10), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Drugs in emergency kits are labeled consistent with Chapter 499 requirements. [59A-4.112(10), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Medication administered from emergency kits properly accounted for through procedural controls. [59A-4.112(10), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	P & P manual delineates procedure for disposition of unused controlled substances. [64B16-28.301, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Records exist for receipt and disposition of all controlled drugs. [59A-4.112(3)(7)][64B16-28.301, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Account of controlled drugs is reconciled periodically. [59A-4.112(4), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Starter dose contracts provided. [64B16-28.503(2)(c), F.A.C.]*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	CQI Policy and Procedures and quarterly meetings. [64B16-27.300, F.A.C.] [766.101, F.S.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Questions with (*) may be answered n/a (not applicable)*

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

PRINT NAME _____

ID _____

Institutional Representative

Date

Investigator/Sr. Pharmacist Signature

Save