



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



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**CLASS II INSTITUTIONAL PHARMACY**

File # \_\_\_\_\_

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 PHARMACIST											
STREET ADDRESS				TELEPHONE #				EXT.											
CITY		COUNTY		STATE/ZIP				LICENSE #											
PRESCRIPTION DEPARTMENT HOURS								REGISTERED PHARMACIST/INTERN/TECHNICIAN				LICENSE #							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	1.											
Open								2.											
Close								3.											
								SATISFACTORY		N/A		YES		NO					
								SATISFACTORY		N/A		YES		NO					
1	Current Class II Institutional Pharmacy permit. [465.019(2)(b), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>	17	Controlled substance records readily retrievable. [893.07(4), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>
2	Current professional supervision of a consultant pharmacist. [465.019(5), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>	18	Controlled substance records maintained for 2 years. [CFR 1304.04 & 1306.22] [893.07(4)(b), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>
3	Current consultant pharmacist supervisor of record. [465.019(5), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>	19	DEA 222 order forms properly completed. [893.07(2), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>
4	Current DEA registration. [21 CFR 1301.11] & [465.023(1)(c), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>	20	Controlled substance inventory taken on biennial basis and available for inspection. [893.07(1)(a), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>
5	Sufficient daily operating hours to adequately serve patients of institution. [64B16-28.603, F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	21	Policy and procedures for removal of a single dose of medication for administration to a patient when no pharmacist is on duty. [64B16-28.602(1), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
6	Current pharmacists' licenses displayed. [64B16-27.100(1), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	22	Prepacking of medication either unit dose or multiple dose according to policy and procedures by consultant pharmacist. [64B16-28.120(3), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
7	Pharmacy interns properly registered and supervised. [465.013, F.S.] [64B16-26.400(4), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	23	Unit dose medication properly labeled. [64F-12.006, F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
8	Proper pharmacist technician ratio. If 2:1 or 3:1 Pharmacy Manager has Board of Pharmacy approval. [64B16-27.410(3), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	24	Prepacking and labeling of unit dose or multiple dose medication checked by Florida licensed pharmacist. [64B16-27.410(1), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
9	Visible identification badge worn by pharmacy technician(s). [64B16-27.420(4)(a), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	25	Pharmaceutical stock examined at least every four months and deteriorated or outdated items removed. [64B16-28.110, F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
10	Policy and procedures available describing utilization of pharmacy technicians. [64B16-27.440, F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	26	Florida licensed pharmacist doing the compounding or is physically present and certifies the accuracy of the finished product. [64B16-27.1001(2), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
11	Prescription area has sink and running water. [64B16-28.102(1), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	27	Florida licensed pharmacist certifying the final parenterals and bulk solutions. [64B16-27.1001(2), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
12	Prescription area has refrigeration for storing pharmaceuticals. [64B16-28.102(3), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	28	Records indicate the pharmacist that reviewed and certified the appropriateness and accuracy of medication orders. [64B16-27.1001(3), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
13	Prescription area clean and sanitary with no overcrowded/unhealthy conditions. [64B16-28.102(4), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	29	Medication administration record (MAR) attached with unit dose system when delivering or administering drugs to patients. [64B16-28.108(1)(c), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>
14	Prescription balance and weights or electronic balance, counting tray graduates, spatulas, mortars, and pestles. [64B16-28.102(5)(b), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	30	Emergency Department dispensing records properly maintained. [64B16-28.6021, F.A.C.]*							<input type="checkbox"/>	<input type="checkbox"/>
15	Current reference books and current copy of laws and rules in hard copy or in a readily available electronic data format [64B16-28.102(5)(a), F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>	31	Continuous Quality Improvement Program described in Pharmacy policy and procedure manual and summarization of Quality - Related Events which have been reviewed by the Continuous Quality Improvement Committee quarterly. [64B16-27.300, F.A.C.], [766.101(1)(a), F.S.]							<input type="checkbox"/>	<input type="checkbox"/>
16	Policy and procedures for destruction of unusable controlled substances. [64B16-28.303, F.A.C.]							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>		
* Questions with (*) may be answered n/a (not applicable).																<input type="checkbox"/>	<input type="checkbox"/>		

Remarks:

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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 OF RECIPIENT \_\_\_\_\_

ID \_\_\_\_\_

Institutional Representative \_\_\_\_\_

Date \_\_\_\_\_

Investigator/Sr. Pharmacist Signature \_\_\_\_\_

Save