STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

FLORIDA DEPARTMENT OF HEALTH

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CLASS II INSTITUTIONAL PHARMACY -TYPE "A" "B" OR "C"

File # _____

Insp # _____

ROUTINE ☐ CHANGE LOC ☐ NEW ☐ CURRENTLY NOT OPERATING ☐ CHANGE OWNER ☐

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

PERMIT TYPE: TYPE A ☐ TYPE B ☐ TYPE C ☐

NAME OF ESTABLISHMENT		PERMIT NUMBER		DATE OF INSPECTION
DOING BUSINESS AS		DEA NUMBER		CONSULTANT PHARMICIST
STREET ADDRESS		TELEPHONE #	Ext #	
CITY	COUNTY	STATE/ZIP		CONSULTANT PHARMICIST 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
1	Current modified Class II Institutional Pharmacy permit. [465.019(2)(c), F.S.]			☐	☐
2	Current professional supervision of a consultant pharmacist. [465.019(5), F.S.]			☐	☐
3	Current modified Class II Institutional Pharmacy permit. displayed. [64B16-27.100(1), F.A.C.]			☐	☐
4	Current DEA registration.[21CFR 1301.11] [465.023(1)(c), F.S.]*		☐	☐	☐
5	Pharmacy has policy and procedures manual available for inspection. [64B16-28.702(5), F.A.C.]			☐	☐
6	Records reflect on-site consultations by consultant pharmacist at least monthly unless otherwise directed by Board. [64B16-28.702(2) (b) to (d), F.A.C.]			☐	☐
7	All medication properly labeled. [64B16-27.101), F.A.C.]			☐	☐
8	Pharmacy Services Committee meets at least annually. [64B16-28.702(6)(c)1, F.A.C.]			☐	☐
9	Provisions for handling of emergency box including the utilization of separate logs for record keeping. [64B16-28.702(6)(c)2, F.A.C.]			☐	☐
10	Provision for secure ordering, storage and record keeping of all medicinal drugs at facility. [64B16-28.702(6)(c)3, F.A.C.]			☐	☐
11	Secure storage of the medicinal drugs. [64B16-28.702(6)(c)5, F.A.C.]			☐	☐
12	Records of consultations for the facility for not less than two years available for inspection. [64B16-28.702(b)(6), F.A.C.]			☐	☐
13	Records within the pharmacy of drugs administered to patients of institutional program. [64B16-28.702(1), F.A.C.]			☐	☐
14	CQI Policy and Procedures and proof of quarterly meetings protected under [766.101, F.S.] [64B16 -27.300, F.A.C]			☐	☐

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

		SATISFACTORY	N/A	YES	NO
	TYPE "A" MODIFIED CLASS II INSTITUTIONAL PHARMACY				
15	Quantity of controlled substances stocked does not exceed 100 dosage units PER CONTAINER unless approved by Board. [64B16-28.702(7), F.A.C.]			☐	☐
16	Proof of use forms used for all medicinal drugs within the facility. [64B16-28.702(7), F.A.C.]			☐	☐
17	Drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedures manual. [64B16-29.702(6), F.A.C.]			☐	☐
18	Pharmacy stocks no more than 15 medicinal drugs. [64B16-28.702(2)(b), F.A.C.]			☐	☐
19	The policy and procedures contain the drugs and strengths stocked. [64B16-28.702(6)(a)1, F.A.C.]			☐	☐
20	Controlled substances inventory taken on biennial basis and available for inspection. [893.07(1) (a), F.S.]*			☐	☐
	TYPE "B" MODIFIED CLASS II INSTITUTIONAL PHARMACY				
21	Utilization of perpetual inventory system for all controlled substances; for injectables and other medicinal drugs as required by the pharmacy committee. [64B16-28.702(6)(b)(4), F.A.C.]*			☐	☐
22	Drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedures manual. [64B16-28.702(6), F.A.C.]			☐	☐
23	Controlled substances inventory taken on biennial basis and available for inspection. [893.07(1)(a), F.S.]*			☐	☐
	TYPE "C" MODIFIED CLASS II INSTITUTIONAL PHARMACY				
24	Utilization of a medication administration record (MAR) for all medicinal drugs administered to patients of the facility. [64B16-28.702(6)(c)4, F.A.C.]			☐	☐

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 _____

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