STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

FLORIDA DEPARTMENT OF HEALTH

DISPENSING PRACTITIONERS

File # _____

Insp # _____

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

NAME OF DISPENSING PRACTITIONER		PERMIT NUMBER		DATE OF INSPECTION
DOING BUSINESS AS		DEA NUMBER		CHECK ONE ○ Podiatrist ○ Dentist
STREET ADDRESS		TELEPHONE #	Ext #	○ Medical Physician ○ Osteopathic Physician ○ Nurse Practitioner
CITY	COUNTY	STATE/ZIP		○ Naturopath ○ Optometrist

	SATISFACTORY	N/A	YES	NO
1	Practitioner properly registered with the board. [465.0276(2)(a), F.S.]			
2	Dispensing area clean and safe. [64B16-28.102(4), F.A.C.]			
3	Generic drug sign displayed. [465.025(7), F.S.] [64B8-8.011(3)(b)10, F.A.C.]			
4	Stock medications appropriately labeled for dispensing from a licensed manufacturer. [499.007(2), F.S.]			
5	Medications purchased from a Florida licensed wholesaler/distributor. [499.005(14), F.S.]			
6	Outdated medications removed from stock. [64B16-28.110, F.A.C.]			
7	Medications requiring refrigeration appropriately stored. [64B16-28.102(3), F.A.C.]			
8	Medications dispensed being placed in childproof container. [16CFR 1700.14] [64B8-8.011(3)(b)16., F.A.C.]			
9	Medication labels properly completed for dispensing. [893.04(1)(e), F.S.] [64B16-28.108, F.A.C.]			
10	Practitioner providing a written prescription for medication to be dispensed. [465.0276(2)(c), F.S.]			
11	Practitioner advising prescription may be filled on premise or at any pharmacy. [465.0276(2)(c), F.S.]			
12	Practitioner uses counterfeit-resistant prescription blanks for all controlled substances. [893.065, F.S.]			
13	Prescriptions are written with the quantity of the drug prescribed in both textual and numerical formats and must be dated with the abbreviated month written out on the face of the prescription. [456.42(1)(2), F.S.]			
14	Expiration/discard date on prescription label or provided in other written form. [64B16-28.402(1)(h), F.A.C.]			
15	Practitioner is present when dispensing occurs. [64B16-27.1001, F.A.C.]			
16	Practitioner is personally certifying (checking) filled prescription for accuracy prior to patient receiving. [64B16-27.1001, F.A.C.]			
17	A verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]			
18	Patient record contains medical history required for counseling. [64B16-27.800, F.A.C.]			
19	Dispensing of controlled substances is in compliance with [465.0276, F.S.].			
20	Dispensing of schedule II or III controlled substances is being performed pursuant to exemptions under [465.0276(1)(b), F.S.].			
21	Practitioner is reporting to the PDMP within 7 days of dispensing controlled substances. [893.055(4), F.S.]			
22	Controlled substances securely maintained and stored in a locked cabinet. [21CFR 1301.75]			
23	Controlled substance prescriptions signed and dated by practitioner. [893.04(1)(b), F.S.]			
24	Controlled substance prescriptions provide patient's name and address. [893.04(1)(c) 1., F.S.]			
25	Controlled substance prescriptions provide practitioner's name/address and DEA number. [893.04(1)(c) 2., F.S.]			
26	Controlled substance prescription refills signed and dated by practitioner. [893.04(1)(b), F.S.]			
27	Controlled substance prescriptions properly maintained. [893.04, FS] [893.07, F.S.]			
28	Controlled substance purchase records properly maintained. [893.07, F.S.]			
29	Controlled substance records readily retrievable. [893.07(4)(b), F.S.] [21CFR 1304.04]			
30	Practitioner to provide a printout of controlled substances dispensed over the past 6 months, to include, but not limited to: patient's name, address, name of medication, and quantity dispensed. [893.07(3)(a)(b)(c), F.S.]			
31	Controlled substance biennial inventory conducted. [893.07(1)(a), F.S.]			
32	DEA 222 forms properly completed. [893.07(2), F.S.] [21CFR 1305.09]			
33	Daily hard copy printout or log of all prescriptions is dated/signed by each practitioner if computer system utilized. [64B16-28.140(3)(d)(e), F.A.C.]			
34	Pedigree records retrievable. [64F-12.012 (3)(a)2.,(d), F.A.C.]			

Remarks (designate controlled substance by entering "DCS"):

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

INV 387 Revised 11/11, 9/11, 4/11, 2/11, 1/11, 6/10, 7/09, 12/00