

Date: \_\_\_\_\_  
 In: \_\_\_\_\_  
 Out: \_\_\_\_\_

- Periodic
- New
- Closing
- Change of Owner/ Name / Location

## DRUG ROOM INSPECTION FORM

License No. \_\_\_\_\_  
 OBND \_\_\_\_\_  
 DEA \_\_\_\_\_

Licenses Current      Y    N

**Business Hours:**  
 Mon-Fri \_\_\_\_\_  
 Sat \_\_\_\_\_ Sun \_\_\_\_\_  
 # of Beds \_\_\_\_\_

**Oklahoma State Board of Pharmacy**  
 2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105  
 Phone (405) 521-3815 / Fax (405) 521-3758  
 Website: www.pharmacy.ok.gov / E-mail: pharmacy@pharmacy.ok.gov

Training Area      Y    N  
 Hot/Cold Water    Y    N

**PLEASE RETAIN UNTIL NEXT INSPECTION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Employees at this Location:	OSBP #	License/Permit Displayed/Current		On Duty		Preceptor	
		Yes	No	Yes	No	Yes	No
<b>D.Ph.'s: (PIC or consultant)</b>							
<b>Intern:</b>							
<b>DR Supervisor:</b>	(DPh or RN or LPN circle one)						
<b>DR Employee(s):</b>							
		Y	N	Y	N	Y	N
DPh routinely visits & submits reports ___ reports/___ wks				DPh attends P&T meetings		References Current	
Policy and procedure: Last updated _____				Diversion Prevention P&P		Annual Inventory on file	
CDS losses since last inspection				DEA 222 forms executed or CSOS		3 invoice files maintained	
Outdated drugs removed from pharmacy within 6 months				Outdated drugs in Active Stock		EMR utilized	
Outdated CDS destruction _____				CDS in crash carts		Floor stock checked/logged	
Proper documentation of CDS in auxiliary locations				Who has keys?			
Proper documentation for meds obtained after hours				Who has after-hours access?			
Night cabinet used: Automated ___ Non-automated ___				Automation type _____		Usage reports reviewed	
Documentation of witnessed CDS wastage				Refrigerator: _____ °F/°C Freezer: _____ °F/°C		Logs completed	
Meds disp for take-home labeled properly, CRC packaging				PA /ARNP dispensing per formulary		Disp meds submitted to PMP	
Distribution system: _____ cart fill _____ dispensing cabinets				Med admin documented properly		Repackaging logs verified by DPh	
Med orders reviewed onsite timely or RMOP				If RMOP, list			
Parenterals prepared on site (if yes, use form)				Parenterals ordered off site (if yes, from whom _____)			

**Comments:**

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**Important: You are directed to take prompt action to correct the above violations. If such action is disregarded, Board action may result. These deficiencies have been explained and will be corrected.**

Employee: \_\_\_\_\_ Compliance Officer: \_\_\_\_\_