



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

Florida
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 PHARMACIST
STREET ADDRESS TELEPHONE # Ext #
CITY COUNTY STATE/ZIP CONSULTANT PHARMACIST LICENSE #
PRESCRIPTION DEPARTMENT HOURS REGISTERED PHARMACIST/INTERN/TECHNICIAN LICENSE #
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Open
Close
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.]
25 Preparation time does not exceed 1 hour when preparing, and administration begins not later than 1 hour following start of Immediate use CSPs. [64B16-27.797(1)(j), F.A.C.]
26 Preparation is properly labeled if preparer does not administer or witness administration when preparing immediate-use CSPs. [64B16-27.797(1) (j), F.A.C.]
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.]*
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.]*
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.]

* 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. I have received a copy of the Licensee Bill of Rights.

PRINT NAME

ID

Institutional Representative

Date

Investigator/Sr. Pharmacist Signature