

Date: _____
 In: _____
 Out: _____

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

HOSPITAL INSPECTION FORM

License No. _____
 OBNDD _____
 DEA _____
 Licenses Current Y N

Business Hours:
 Mon-Fri _____
 Sat _____ Sun _____

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

PLEASE RETAIN UNTIL NEXT INSPECTION

NAME _____ PHONE _____
 ADDRESS _____ CITY _____ ZIP _____

Employees at this location	OSBP #	License/Permit Displayed/Current		On Duty		Identified Properly		Preceptor		
		Yes	No	Yes	No	Yes	No	Yes	No	
D.Ph.'s: (DOP)										
Interns:								Picture		
								Yes	No	
Techs:										
	Y	N				Y	N		Y	N
Policy and procedure: Last updated _____			Diversion prevention P&P					Hot/Cold Water		
Proper documentation of CDS in auxiliary locations			DEA 222 forms executed or CSOS					3 invoice files maintained		
Outdated CDS destruction			CDS losses since last inspection					CDS in crash carts		
Documentation of witnessed CDS wastage			Annual CDS inventory on file					Perpetual inventory of CDS		
Proper documentation for meds obtained after hours			Who has after-hours access?							
Night cabinet used: Automated _____ Non-automated _____			Automation Type _____					Usage reports reviewed		
Distribution system: Cart Fill _____ Disp cabinets _____			References Current					Balances		
Outdated drugs removed from pharmacy within 6 months			Outdated drugs in active stock					Floor stock checked/logged		
Refrigerator: _____°F/°C Freezer: _____°F/°C Logs completed:			Repackaging logs verified by DPh					EMR utilized		
Utilize off-site personnel to verify orders/DURS			If not employees, list RMOP:							
Meds for take-home labeled properly, CRC packaging			ER/Outpatient meds submitted to PMP					Alert overrides limited to DPh		
Parenterals prepared on site (if yes, use form)			Parenterals ordered off-site (if yes, from whom _____)							

Comments:

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.

Pharmacist: _____ Compliance Officer: _____