Date: _____
In: _____
Out: _____

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

RETAIL 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
www.pharmacy.ok.gov / pharmacy@pharmacy.ok.gov

PLEASE RETAIN UNTIL NEXT INSPECTION

Training Area		Y	N
Drug Supplier Permit		Y	N
Parenteral Permit		Y	N
Balances	W	Y	N
Hot/Cold Water		Y	N

NAME_____ PHONE_____
ADDRESS_____ CITY_____ ZIP _____

Employees at this location	OSBP #	License/Permit Displayed/Current		On Duty		Immunization Certificate		Preceptor	
		Y	N	Y	N	Y	N	Y	N
D.Ph.'s: (PIC)									

	OSBP #	License/Permit Displayed/Current		On Duty		Identification		Picture		Training	
		Y	N	Y	N	Y	N	Y	N	Y	N
Interns:											
Techs:											

	Y	N		Y	N		Y	N
Non-DPh employees work before or after business hrs			Non-DPh staff Identified on phone			Diversion Prevention P&P		
Automation: tracking lot #'s and expiration dates			DEA 222 forms executed or CSOS			3 Invoice files maintained		
Refrigerator: ___ °F/°C Freezer: ___°F/°C Logs completed			Lock Out Department			CPR certification in-date		
Office-use meds sold per invoice w/DS permit			CDS losses since last inspection			3 Rx files maintained properly		
CDS Refills: Originals ___ Nightly Log___ Logbook____			Mailing rx's outside of OK			Tech Schedule displayed		
Outdated drugs removed from pharmacy within 6 months			Unit Dose Exp Dates Correct			Last annual Inventory on file		
Outdated CDS destruction			Outdated drugs in Active Stock			Alert overrides limited to DPh		
Library Current			E-Kits at LTCF's (if yes, use form)			Compounds (if yes, use form)		

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:

SAMPLE