

AFFIX STORE LABEL HERE
OR FILL IN INFORMATION

PHARMACY NAME	
STREET ADDRESS	
CITY	ZIP CODE
TELEPHONE NUMBER (Include Area Code)	
FAX NUMBER	
LAST INSPECTED	



WASHINGTON STATE BOARD OF PHARMACY
P.O. Box 47863
Olympia, Washington 98504-7863
TEL: (360) 236-4843 • FAX: (360) 586-4359

- INSPECTION PURPOSE:
- NEW
 - PERIODIC
 - OWNER CHANGE
 - LOCATION CHANGE
 - REINSPECTION
 - SELF

INSPECTION DATE

Pharmacy Inspection Report

RESPONSIBLE MANAGER _____ LICENSE NUMBER _____

CLASS _____ OWNERSHIP: C P S PHARMACY TYPE: C H P L N O

A. General Requirements (10)

1. _____ PHARMACY INSPECTION CERT. POSTED (WAC 246-869-190)
2. _____ PERSONNEL LICENSES POSTED (RCW 18.64.140)
3. _____ PHARMACY LICENSES POSTED (RCW 18.64.043)
4. _____ DEA REGISTRATION (WAC 246-887-020)
- LOCATION LICENSE NUMBER _____
- REGISTRATION NUMBER _____

PHARMACISTS	LICENSE #	PRECEPTOR	INTERNS & TECHNICIANS & ASSISTANTS	CERTIFICATE #
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

UP TO 3 POINTS SUBTRACTED FOR EACH DEFICIENCY (USE ADDITIONAL PAGE IF NECESSARY)

SECTION A TOTAL

B. Patient Health & Safety Requirements (30 points)

1. _____ PATIENT MEDICAL RECORDS (WAC 246-875)
2. _____ PATIENT INFORMATION (WAC 246-869-220)
3. _____ DRUG PRODUCT SUBSTITUTION GENERIC SIGN (RCW 69.41 & WAC 246-899)
4. _____ CRC COMPLIANCE (WAC 246-869-230)
5. _____ POISON REQUIREMENTS IPECAC SYR./POISON CONTROL # (WAC 246-869-200)
6. _____ OUTDATED/DETERIORATED STOCK (WAC 246-869-150)
- NUMBER OF OUTDATED ITEMS
- 00 TO 09 ITEMS = 00 POINTS
10 TO 17 ITEMS = 05 POINTS
18 TO 23 ITEMS = 10 POINTS
24 PLUS ITEMS = 15 POINTS

UP TO 5 POINTS SUBTRACTED FOR EACH DEFICIENCY

SECTION B TOTAL

C. Professional Requirements (40 points)

1. _____ DEA ORDER FORMS (WAC 246-887-020)
2. _____ DEA INVENTORY RECORD (WAC 246-887-020)
3. _____ SCHEDULE V CS REGISTER (WAC 246-887-030)
4. _____ RESPONSIBLE RPH MANAGER (WAC 246-869-070)
5. _____ LAWBOOK (WAC 246-869-180)
6. _____ REFERENCE SOURCE (WAC 246-869-180)
7. _____ PHARMACY ANCILLARY STAFF (WAC 246-901)
8. _____ PROFESSIONAL RESPONSIBILITIES (WAC 246-863-095)
9. _____ ALL DRUGS PROPERLY LABELED (WAC 246-869-150)
10. _____ COMPLETED PRESCRIPTION LABELS (WAC 246-869-210)
11. _____ PRESCRIPTION FILES (WAC 246-869-100)
12. _____ REGULATION COMPLIANCE (RCW 18.64.160 & 165)

UP TO 5 POINTS SUBTRACTED FOR EACH DEFICIENCY

SECTION C TOTAL

D. Facilities (20 points)

1. _____ DIFFERENTIAL HOURS (WAC 246-869-020)
2. _____ RX AREA SECURE FROM PUBLIC (WAC 246-869-160)
3. _____ APPEARANCE OF STAFF (WAC 246-869-170)
4. _____ RX AREA WORKING SPACE (WAC 246-869-160)
5. _____ PRESCRIPTION AREA SINK (WAC 246-869-160)
6. _____ REFRIGERATOR (WAC 246-869-160)
7. _____ TRASH RECEPTACLES (WAC 246-869-170)
8. _____ REST ROOMS (WAC 246-869-170)
9. _____ GENERAL CLEANLINESS & SANITATION (WAC 246-869-150, 160, & 170)
10. _____ NECESSARY EQUIPMENT (WAC 246-869-180)

UP TO 2 POINTS SUBTRACTED FOR EACH DEFICIENCY

SECTION D TOTAL

100 TO 90 POINTS = A

89 TO 80 POINTS = CONDITIONAL
(WAC 246-869-190(4))

BELOW 80 POINTS = UNSATISFACTORY
(WAC 246-869-190(5))

COMMENTS: YES NO

GRADE TOTAL

Comments are set forth on the reverse side of this report.

SIGNATURE OF PHARMACIST

SIGNATURE OF INVESTIGATOR

