



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
Board of Pharmacy

As of March 12, 2008, inspections of pharmacies are now back online.

You may wish to revisit the laws and rules
(www.maine.gov.professionallicensing) to ensure that you are in
compliance. Following is a sample inspection checklist that will be used
by inspectors in conducting inspections.

Inspection staff:
Thomas Avery, Chief Field Investigator/Inspector
Frank Keough, Field Investigator/Inspector

PHARMACY	
ADDRESS	
CITY	
COUNTY	ZIP CODE
PHARMACY TEL #	
PHARMACY FAX #	
EMAIL	
LAST INSPECTED	



Maine Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
Board of Pharmacy
35 State House Station, Augusta, ME 04333
(207) 624-8603

INSPECTION PURPOSE:

- NEW
- NEW/PRELIMINARY
- PERIODIC
- REINSPECTION/FOLLOWUP
- OWNER CHANGE
- LOCATION CHANGE

PHARMACY INSPECTION REPORT

DATE	INSPECTOR
TIME IN:	TIME OUT:

DEA #	Exp Date
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PHARMACIST IN CHARGE

Check if PIC present at time of inspection If not present:

LIC # Exp.

PHARMACIST ON DUTY

LIC # Exp.

Type of facility

- Retail Chain
- Retail Independent
- Nuclear Pharmacy
- Long Term Care Pharmacy
- Opiate Treatment Program/Center
- Automated Dispensing
- Central Fill Pharmacy
- Central Fill Processing
- Hospital
- Free Clinic
- Rural Health Center

YES NO

1. Pharmacy license posted visibly and valid
2. Pharmacist licenses posted and valid
3. Pharmacy Technician licenses posted and valid
4. Observation at point of arrival for inspection – pharmacy technician were under appropriate supervision & ratio compliance. # _____
5. PIC Name displayed on license matches PIC identified at time of this inspection
6. PIC meets minimum 30 hours /week or 40% of hours Rx is open
 Are there any waivers issued to this pharmacy, if yes identify below.
7. PIC is authorized for more than one location. List other site(s) below.
8. Hours of operation are being met – 40 hours per week of operation
 Are there any waivers issued to this pharmacy, if yes identify below:
9. Pharmacy hours prominently posted in public area
10. Prescription filling area meets minimum 200 sq ft
 Are there any waivers issued to this pharmacy, if yes identify below.
11. Have there been any alteration of the prescription filling area since the last inspection. If yes, explain in comment section.
12. Heat – adequate and operational
13. Lighting – appropriate for practice
14. Water supply – adequate hot & cold and safe
 Public Private, last tested _____
15. Plumbing appears to be functioning properly
16. Electrical appears to be functioning properly
17. Sink – clean and sanitary
18. Pharmacy – overall cleanliness and free from harmful debris
19. Restroom – clean & operational, adequately supplied w/soap & paper towels
20. Drive Thru Pharmacy – safe and secure
21. Refrigerator for drug storage – clean and operating, no food products
22. Safety cap containers
23. Appropriate Rx labels
24. Rx balance
25. Spatula, non-metal (1) – clean
26. Spatula, metal (2) – clean
27. Mortar and pestle (2) – clean
28. Graduates assorted (4) – clean
29. Alarm system (C.13(6)(5)) and independent from other systems
30. Security barrier (C.13(6)(4))
 extends from floor to ceiling extends from counter to ceiling
 operational locking system key combination activation code

YES NO

31. Security camera (C.13(6)(6)) functioning, critical areas monitored, retention of images
 Facility conforms to 6/30/2010 requirements
 Facility DOES NOT yet conform to the 6/30/2010 requirements
32. Professional reference library, including drug interactions
Type of format: hardcopy computer/Internet CD
33. Maine Pharmacy Law and Rules at site
Type of format: hardcopy computer/Internet CD
34. Pharmacy Technician Training Program
Type of format: hardcopy computer/Internet CD
35. CII perpetual inventory of all receipts & dispersals, accurate inventory quantities of each CII drug on hand
36. CII emergency prescriptions
37. Pharmacy able to produce records for immediate past 12-months (C.24(5))
38. DEA 222 forms
39. Power of Attorney
40. Prescription information complete
41. Prescriptions readily retrievable
42. Random audit conducted
43. Stock – all drugs on shelves within expiration date
44. CII Stock Dispersed & camera monitored
 Locked Safe, appropriate & independently alarmed
45. Biennial inventory date
46. Biennial inventory completed – Date completed _____
47. IVs Compounded
48. ___N/A ... Biological safety cabinet for prep of low to moderate risk agents.
49. ___N/A ... Class 1000 Room Class 1000 Room Expiration Date
50. ___N/A... Class 100 Hood Class 100 Hood Expiration Date
51. Waiting prescription access, secure, confidentiality observed
52. Has this pharmacy filed a Form 106 in past 12 months? If yes, date filed _____ Copy requested for inspection purposes
53. Schedule V Controlled Substances (C. 22) exempt narcotic log or record of disposition appropriately maintained
54. Obra log - Patient counseling (C.25) refusal(s) and intervention(s) properly documented
55. Patient counseling (C.25) separate private area provided
 separate room away from flow close to flow

