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

PHARMACY INSPECTION REPORT

DATE: ________________________  INSPECTOR: ________________________
TIME IN: ____________________  TIME OUT: ________________________

PHARMACY IN CHARGE
Check if PIC present at time of inspection:  □ Yes  □ No
PIC Name displayed on license matches PIC identified at time of this inspection
□ Yes  □ No

PHARMACY ON DUTY

PIC meets minimum 30 hours /week or 40% of hours Rx is open
□ Yes  □ No

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
   □ Yes  □ No
7. □ PIC is authorized for more than one location.  List other site(s) below.
   □ Yes  □ No
8. □ Hours of operation are being met – 40 hours per week of operation
   □ Yes  □ No
9. □ Pharmacy hours prominently posted in public area
10. □ Prescription filling area meets minimum 200 sq ft
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 hazardous 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
31. □ Security camera (C.13(6)(6)) functioning, critical areas monitored, retention of images
   □ Yes  □ No
   □ 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
33. □ Maine Pharmacy Law and Rules at site
34. □ Pharmacy Technician Training Program
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. □ IV’s Compounded
48. □ __/N/A __/N/A Biological safety cabinet for prep of low to moderate risk agents.
49. □ __/N/A __/N/A Class 1000 Room  Class 1000 Room Expiration Date
50. □ __/N/A __/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 _______
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

Published under appropriation 01402A4380012  Revised 09/2011
### List of pharmacists employed by this pharmacy

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<thead>
<tr>
<th>Pharmacist Name</th>
<th>Pharmacist Lic No</th>
<th>Exp Date</th>
<th>Pharmacist Name</th>
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### List of pharmacy technicians employed by this pharmacy

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<thead>
<tr>
<th>Pharmacy Technician Name</th>
<th>License Number/Expiration Date</th>
<th>Check All That Apply</th>
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### INSPECTION COMMENTS

- Inscription results reviewed with PIC or POD – Signature ______________________ Date ________________
- Insufficiencies noted w/correction order? Compliance Date ________________
- Citation issued for this inspection? Citation # ______________________