

Pharmacy Self Inspection Checklist – Refer to Chapter 8, Sec. 1(9-14)

This form must be completed by the Pharmacist in Charge and who must affirm that the pharmacy named on this form is in compliance with Board Rules regarding the requirements for facilities, apparatus and equipment. This checklist must be completed and submitted with the Pharmacist in Charge Application.

Pharmacy Name			
Physical Address	City	State	Zip Code
Pharmacist in Charge Name			
Pharmacist License Number		Expiration Date	

1. Apparatus and Equipment

- Adequate lighting
- Sink with hot and cold running water
- Rest room facilities
- Refrigerator of adequate size to meet the need of the pharmacy
- Rx weights (if required by type of Rx balance used)
- Rx balance
- Spatula, non-metal (minimum of 1)
- Spatula, metal (minimum of 2)
- Mortar and pestle (minimum of 2)
- Graduates assorted (minimum of 4)
- Safety cap Rx containers in sufficient quantity to meet the need of the pharmacy
- Appropriate Rx labels
- Professional reference library, including drug interactions (in any format)

List the type of format at this pharmacy

- Current Maine pharmacy laws and rules (in any format)

List the type of format at this pharmacy

- Appropriate Storage and C-II's Locked
- Minimum amount of prescription inventory (requirement 32 M.R.S. § 13752 (5))
- Class 1000 Room Expiration date: _____
- Class 100 Hood Expiration date: _____

INITIALS OF APPLICANT

Pharmacy Self Inspection Checklist Continued – Refer to Chapter 8, Sec. 1(9-14)

2. Security Barrier – Refer to Chapter 13, Sec. 6(4)

- No barrier exists
- Barrier extends from floor or counter to ceiling
- Barrier is constructed of material of sufficient strength so that the barrier cannot be readily removed
- Barrier is constructed of non-solid material, any openings or interstices must be small enough to prevent the removal, by any means, of items from the prescription filling area
- Confirmation that only a pharmacist or authorized person possesses or has access to the key, combination or activation to the lock

3. Alarm – Refer to Chapter 13, Sec. 6(5)

- The electronic security system is separate from any other electronic security system
- The electronic security system is capable of activation/deactivation separately from any other
- Confirmation that only a pharmacist or authorized person possesses or has access to the key combination or activation code to the lock of the electronic security system
- Documentation to verify and confirm installation and operation of the alarm and security system is enclosed with this checklist

4. Security Cameras

- Exempted to June 30, 2010
- Security cameras sufficient in number to monitor the critical areas of the department including, at a minimum:
 - The prescription filling area
 - The narcotics safe
 - Check out area

Describe below type of equipment in use.

5. Prescription Inventory

- Schedule II Drugs appropriately stored and locked
- The drug outlet has a sufficient amount of prescription inventory on location to respond appropriately to prescription orders.

INITIALS OF APPLICANT

Pharmacy Self Inspection Checklist Continued – Refer to Chapter 8, Sec. 1(9-14)

6. For Sterile Pharmaceuticals (if applicable)

Equipment – Reference Chapter 18, Section (2)A-H

- Space complies with Chapter 18 Section 3(1) of Board Rules
- Equipment – Class 1000 room
- Class 100 hood
- Sink with hot and cold running water which is convenient to the compounding area
- Appropriate disposal containers for used needles, syringes, etc., and if applicable, cytotoxic waste
- When cytotoxic drug products are prepared, appropriate environmental control which also includes appropriate biohazard cabinetry
- Refrigerator/freezer with a thermometer
- Temperature controlled delivery container
- Infusion devices, if appropriate

Supplies – Reference Chapter 18, Section 3(3)A-G

- Disposable needles, syringes, and other supplies needed for aseptic admixture
- Disinfectant cleaning solutions
- Hand washing agent with bactericidal action
- Disposable, lint-free towels or wipes
- Appropriate filters and filtration equipment
- Oncology drug spill kit
- Disposable masks, caps, gowns, and sterile disposable gloves

Reference Library – Reference Chapter 18, Section 4

- Sufficient and current reference materials related to sterile products

By signing this self inspection checklist I, the pharmacist in charge, certify I have completed and verified all items checked on this checklist and affirm that the pharmacy is secure, in compliance with applicable State Laws and Rules, and Federal Laws and Rules, governing the practice of pharmacy and is suitable for operation as a pharmacy. By submitting this completed form, I understand that the Maine Board of Pharmacy will rely upon this information for issuance of the pharmacy license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of the pharmacy license and/or my license, if this information is found to be false.

Pharmacist in Charge Name, Print legibly	License number
Signature of Licensed Pharmacist In Charge	Date