

The Rhode Island Board of Pharmacy
 3 Capitol Hill, RM #205, Providence, RI 02908
 401-222-2837



Date of inspection:
Pharmacy Name:
Address:
City/State/Zip:
Pharmacy License #:
DEA#:
Phone Number:
Fax Number:
Registrant:
Registrant License #:

<p>(Copy of RX Label Here)</p>

Pharmacists	License #	Exp. Date
Technicians	License #	Exp. Date
Interns	License #	Exp. Date

Violations	
1	
2	
3	
4	
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10	
<p>RIGI 21-31-21: The director of health or the director's duly authorized agent shall have free access at all reasonable hours to any factory, warehouse, or other establishment...in which food, drugs, devices, or cosmetics are manufactured, processed, packed, or held for introduction into commerce or to enter any vehicle being used to transport or hold the foods, drugs, devices or cosmetics in commerce...</p>	

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Facility	Pass	Fail
1. Personnel Licenses Maintained		
2. Facility License Maintained		
3. PIC Name Conspicuously Posted		
4. Pharmacy neat, clean, adequate		
5. Top 10 Maintenance Rx List Posted		
6. Security Adequate		
7. Pharmacy Policy/Procedures		
8. Separate Food and Drug Fridge		
9. Fridge Thermometers Present		
10. Pseudoephedrine Secure		

Personnel	Pass	Fail
1. Pharmacist Present		
2. Nametag with Technical Level		
3. Copy of Training Program Present		
4. Record of Completed Training		
5. All Licenses Active		

Pharmaceutical Stock	Pass	Fail
1. No Expired Drugs for Dispensing		
2. Controls Dispersed/Locked Cabinet		
3. Stock has Lot # and Exp. Date		
4. Quarantine for expired/damaged		
5. Heat/Vent/Fridge Adequate		

Other

Facility	Pass	Fail
1. Rx Maintained for Two Years		
2. Counseling Maintained		
3. Daily Attestment Logs		
4. Biennial Invent. Maintained		
5. Diennial Inventory Correct		
6. Non-Childproof Cap Records		
7. Brand Request Recorded		
8. DEA 222 Forms Present		
9. DEA 222 Forms Complete		
10. Destruction/Return Correct		
11. CII Rx's Filled Separate		
12. CIII-V Rx Retrievable		
13. PSE Log Maintained		
14. PSE Log Complete		
15. Rx's Complete/Valid		

<p>I have read this report and all inspection findings. I acknowledge that I fully understand the findings of this inspection report.</p> <p>Print: _____</p> <p>Sign: _____</p> <p>License #: _____</p> <p>Date: _____</p> <p>HEALTH Agent/Inspector: _____</p>
