

West Virginia Board of Pharmacy

Phone (304) 558-0558 2310 Kanawha Blvd East Charleston WV 25311 Fax (304) 558-0572

PHARMACY WHOLESALER INSPECTION FORM

Is this Inspection for a NEW ___ or EXISTING ___ Facility?

1. Wholesaler Name _____
2. Current WV License: _____ N/A _____ Current DEA Registration: _____ N/A _____
3. Principle Location: Address _____ City _____ State _____ Zip _____
4. This Facility Name: _____
5. Address _____ City _____ State _____ Zip _____ County _____
6. Type of Ownership: Single Proprietor _____ Partnership _____ Corporation _____ Other _____
7. Person in charge _____ Title _____ Phone _____
8. Corporate/Officers/Title _____

9. Other Locations/Type of Operations _____

10. Conviction of any officer of any federal, state or local law _____

11. Revocation of any previously issued license _____

The following questions are from WV Rules §15-5-8.

12. Are facilities of suitable size & construction to facilitate cleaning, maintenance, & proper operations? Yes ___ No ___
If No explain Why _____
13. Are storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions? If No explain Why: _____ Yes ___ No ___
14. Are logs available for inspection for temperature and humidity? Yes ___ No ___
15. Is there a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened? Yes ___ No ___
16. Is access from outside the premises kept to a minimum and be well controlled? Yes ___ No ___
17. Is the outside perimeter of the premises well-lighted? Yes ___ No ___
18. Is entry into areas where prescription drugs are held limited to authorized personnel? Yes ___ No ___
19. Does the alarm system detect entry and I.D. after hours? Yes ___ No ___
20. Does the security system provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.? Yes ___ No ___

21. Does the facility have appropriate equipment, devices, and/or logs to be utilized to document the proper storage of drugs? Yes___No___
22. Does the controlled drug storage vault meet the requirements of CFR §1301.72? Yes___No___
23. Does the facility keep appropriate records for receipt and distribution (to be kept for two years from date of disposition)?
- a. Source of drugs, name & address of seller Yes___No___
 - b. Identity and quantity of drugs received, distributed and disposed of. Yes___No___
24. Written policies and procedures for receipt, security, storage, inventory, distribution, losses/thefts and errors.
- a. Rotation of stock. Yes___No___
 - b. Procedures for recalls and withdrawals. Yes___No___
 - c. Procedures for dealing with disasters. Yes___No___
 - d. List of responsible persons and description of their responsibilities. Yes___No___
25. Date first controlled substances will be stocked? _____ N\A_____

26. I certify that the above information is complete and correct:

 Person in charge at time of Inspection

 Printed name of person signing

For a new Wholesale Permit Application complete the following:

27. I recommend this license be granted: YES___ NO___
28. I recommend this license be withheld because of the following: _____

For Existing Wholesaler Permit complete the following:

Comments _____

Date _____ Inspector _____