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 Is there a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened?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? ________________

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__________________________________________