

West Virginia Board of Pharmacy

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WHOLESALE DRUG DISTRIBUTOR INSPECTION FORM

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

1. Wholesale Drug Distributor Name _____
2. Current WV License: _____ Current DEA Registration: _____
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 _____

Per 15CSR5 §15-5-8; §15-5-9.

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. Is there a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened?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 ___
15. Is access from outside the premises kept to a minimum and be well controlled? Yes ___ No ___
16. Is the outside perimeter of the premises well-lighted? Yes ___ No ___
17. Is entry into areas where prescription drugs are held limited to authorized personnel? Yes ___ No ___
18. Does the alarm system detect entry and identify who entered after hours?
19. Does the security system provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records? Yes ___ No ___

20. Does the facility have appropriate equipment, devices, and/or logs to be utilized to document the proper storage of drugs? Yes ___ No ___
21. Does the controlled substance storage and/or vault meet the requirements of CFR §1301.72? Yes ___ No ___ n/a ___
22. Date first controlled substances will be stocked: _____
23. I certify that the above information is complete and correct:

Signature of Person in charge at time of Inspection

Printed name of person signing

For a new Wholesale Permit Application complete the following:

24. I recommend this license be granted: YES ___ NO ___
25. I recommend this license be withheld because of the following: _____

For Existing Wholesale Drug Distributor Permit complete the following:

Comments _____

Date: _____

Signature: _____

Inspector Name: