

# West Virginia Board of Pharmacy

Phone (304) 558-0558

Fax (304) 558-0572

1207 Quarrier St, 4th Floor  
Charleston, West Virginia 25301

## CONTROLLED SUBSTANCE PERMIT ONLY - INSPECTION REPORT

#N/A #N/A #N/A #N/A	Date: WVBOP#: DEA License#: #N/A Attorney-in-fact Name:
Email: #N/A	Phone: #N/A
Fax: #N/A	Hours:

Item	Question	Observation	Reference	Inspector Comments
1	Are the licensee's Permit and DEA License posted in a conspicuous place?		15-15-3.3	
2	Is the security system adequate and effective?		15-2-5.1.1	
3	Are controls and procedures to guard against <b>theft</b> adequate and effective, including a 20-gauge metal or better cabinet if controls are kept locked?		15-2-5.1.1 15-2-5.5.1	
4	Are controls and procedures to guard against <b>diversion</b> adequate and effective, including controls to prevent and detect diversion from the emergency kit?		15-2-5.1.1	
5	Has any loss or theft of controlled drugs been reported to the proper authorities using the appropriate forms (If there has been no loss or theft since the last inspection, this should be marked "N/A")		15-2-5.4 15-2-9.3.1	
6	Last Biennial Inventory is completed and in the correct format? (List date of last biennial inventory in Inspector Comments)		15-2-7.5	Date of last Biennial Inventory:
7	Can the licensee demonstrate the Controlled Drug perpetual inventory & monthly review?		15-2-7.2.4.a	
8	Does Form 222 or CSOS require a Power of Attorney? (If yes, list individuals to whom power of attorney has been issued in Inspector Comments)		DEA/21 CFR 1305.05(a) 15-2-4.6	
9	Are controlled substance invoices or packing slips signed by attorney-in-fact?		15-2-9.4.2	
10	Are records of the return and/or destruction of controlled drugs being kept and are they complete and correct?		15-2-9.2.1 15-2-9.4.1	
11	Are sales of Rx drugs without a prescription properly recorded? (If the licensee does not sell Rx drugs without a prescription, this should be marked "N/A")		15-1-6.1.1	
12	Can the licensee generate five full years of records on request?		15-4-4	
13	Does the licensee have access to current WVBOP Laws and Rules?		15-1-11.2.8	
14	Are any outdated drugs found among inventory? (List number found in inspector comments)		15-5-8.5.1; 15-1-15.9.2	Number of Outdates found:
15	Is the area of drug storage temperature controlled between 20 to 25°C (68 to 77°F)? (List the current drug storage area temperature in Inspector Comments)		15-1-11.2.4	Drug storage room temperature:
16	Are refrigerator temperatures all between 2 to 8°C (36 to 46°F)? (List the current refrigerator temperatures in Inspector Comments; If a refrigerator is not currently used for drug storage, this should be marked "N/A")		15-1-11.2.4	Refrigerator temperature(s):

# West Virginia Board of Pharmacy

**Phone (304) 558-0558**

**Fax (304) 558-0572**

1207 Quarrier St, 4th Floor  
Charleston, West Virginia 25301

## CONTROLLED SUBSTANCE PERMIT ONLY - INSPECTION REPORT

#N/A #N/A #N/A #N/A	Date: WVBOP#: DEA License#: #N/A Attorney-in-fact Name:
Email: #N/A	Phone: #N/A
Fax: #N/A	Hours:

Item	Question	Observation	Reference	Inspector Comments
17	Are freezer temperatures between -10 to -25°C (-13 to 14°F)? (List the current freezer temperatures in Inspector Comments; If a freezer is not currently used for drug storage, this should be marked "N/A")		15-1-11.2.4	Freezer temperature(s):
18	Is there an Emergency Kit available?		15-1-20.4.3	
19	Are the contents of the Emergency Kit appropriate?		15-1-20.4.3.b; 15-1-20.4.3.c	
20	Check all dispensing systems being used at this facility:	<input type="checkbox"/> Unit dose <input type="checkbox"/> Punch card <input type="checkbox"/> Unit of use <input type="checkbox"/> Multiple dose	15-1-20.2.1 15-1-20.2.2 15-1-20.2.3 15-1-18.1.1	
21	Are all dispensing systems properly labeled?		15-1-20.2.1 15-1-20.2.2 15-1-20.2.3 15-1-18.1.1	

Controlled Substance Audit				
Drug Name, Strength & Dosage Form	NDC	Expected Count	Actual Count	Comments

## West Virginia Board of Pharmacy

Phone (304) 558-0558

Fax (304) 558-0572

1207 Quarrier St, 4th Floor  
Charleston, West Virginia 25301

### CONTROLLED SUBSTANCE PERMIT ONLY - INSPECTION REPORT

#N/A	Date:
#N/A	WVBOP#:
#N/A	DEA License#: #N/A
#N/A	Attorney-in-fact Name:
Email: #N/A	Phone: #N/A
Fax: #N/A	Hours:

Item	Question	Observation	Reference	Inspector Comments

**ALL QUESTIONS HAVE NOT BEEN ANSWERED, PLEASE REVIEW!**

Attorney-in-fact:

Date

#N/A