

West Virginia Board of Pharmacy

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Charleston, West Virginia 25301

CONTROLLED SUBSTANCE PERMIT ONLY - INSPECTION REPORT

	E-Mail Address	Date
	Phone	Fax
	DEA License #	WVBOP #
	Licensee/A.I.F. Name	
	Hours	

Per WV Code § 60A-3-302(f) & Rule § 15-1-21

Item	Question	Reference	Yes	No	NA
1	Are the Licensee's Permit and DEA License posted in a conspicuous place?	15-15-3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the security system adequate and effective?	15-2-5.1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are controlled substances dispersed? OR Schedule(s):	15-2-5.5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Stored in a 20 gauge (or better) locked metal cabinet or drawer? Schedule(s):	15-2-5.5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are all losses or thefts of controlled drugs reported to DEA and WVBOP on DEA Form-106?	15-2-5.4 15-2-9.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Last Biennial Inventory is dated: Click or tap to enter a date. and is the correct format?	15-2-7.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Demonstrate the Controlled Drug Perpetual inventory & monthly review.	15-2-7.2.4.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does Form 222 or CSOS require a Power of Attorney?	DEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Has Power(s) of Attorney been issued? To Whom:	15-2-4.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are controlled substance invoices or packing slips signed by attorney-in-fact?	15-2-9.4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are there completed Return & Destruction records of controlled drugs?	15-2-9.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are sales of Rx drugs without a prescription properly recorded?	15-1-6.1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Can the licensee generate five full years of records on request?	15-4-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Does the licensee have a current copy of WVBOP Law and Rules (or online access)?	15-1-11.2.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Are any outdated drugs found in the inventory? Number found:	15-5-8.5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are refrigerator temperatures all between 2 to 8°C (36 to 46°F)?	15-1-11.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	List refrigerator temperatures:				
18	Are freezer temperatures between -10 to -25°C (-13 to 14°F)?	15-1-11.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	List the freezer temperatures:				
20	Is the area of drug storage temperature controlled between 20 to 25°C (68 to 77°F)?	15-1-11.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	What is the drug storage area current temperature?				

Item	Question	Reference	Yes	No	NA
22	Is there an Emergency Kit available?	15-1-20.4.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Are the contents of the Emergency Kit appropriate?	15-1-20.4.3.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Does the label of unit-dose system include the name and the strength of the drug?	15-1-20.2.1.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does the label of unit-dose system include the name of the manufacturer or the packager?	15-1-20.2.1.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Does the label of unit-dose system include the lot number?	15-1-20.2.1.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Does the label of unit-dose system include the Exp date?	15-1-20.2.1.d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Unit-of-use packaging with multiple drugs are properly labeled?	15-1-20.2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Punch card packaged drugs are properly labeled?	15-1-20.2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Multiple-dose containers are properly labeled?	15-1-18.1.1.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Comments:

Licensee/A.I.F.

Date

Inspector

Date