## West Virginia Board of Pharmacy Phone (304) 558-0558 1207 Quarrier St, 4th Floor Charleston, West Virginia 25301 **REMODEL - INSPECTION REPORT** Date: WVBOP# DEA PIC/Consultant/ Attorney-in-fact: Phone: Email: Fax Hours: Observations **Inspector Comments** Describe the remodel work performed: Is the actual remodel work performed the same that was described/depicted on the remodel application and submitted floor plan? (If not, please explain how the work performed differs from the work described/depicted in the application): Were the facility's previous safety and security measures (alarmed access points, areas with glass break sensors, etc.) changed in any way as a result of this remodel? (if yes, please describe): If the facility's previous safety and security measures were changed during this remodel, can the pharmacy still maintain adequate and effective safety and security? Select one of the following options: I approve this remodel without any stipulations: I approve this remodel with the following stipulations: (List stipulations in inspector comments) I do not approve this remodel:(Please explain and list conditions that need to be met in order for this remodel to be approved in inspector comments)

PIC/Consultant/Attorney-in-Fact:

Date

Inspector:

Date