



STATE OF MARYLAND
DHMH

Department of Health and Mental Hygiene
Lawrence J. Hogan, Jr., Governor · Boyd K. Rutherford, Lt. Governor
Laura Herrera Scott, MD, MPH, Acting Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue · Baltimore, Maryland · 21215-2299
Lenna Israbian-Jamgochian, Board President · LaVerne G. Naesea, Executive Director

DEVICE-ONLY PHARMACY OPENING INSPECTION FORM

Corporate Pharmacy Name _____
Pharmacy Name-Doing Business As (d/b/a) or Trade Name _____
Street Address _____
Business Telephone Number _____ Business Fax Number _____
Hours of Operation _____

1. PHYSICAL REQUIREMENTS AND EQUIPMENT

Yes No

- The pharmacy has hot and cold running water. COMAR 10.34.14.02(A)(3)(d).
- The pharmacy has online resources. HO §12-403(b)(15)
- The pharmacy possesses the current edition of *The Maryland Pharmacy Laws and Regulations*. HO §12-403(b)(10)(ii)
- The pharmacy has a library of current reference sources consistent with its scope of practice that is accessible to all appropriate personnel. COMAR 10.34.07.03

2. SECURITY COMAR 10.34.05

Yes No

- The pharmacy is designed to prevent unauthorized entry when the prescription area is closed during any period that the rest of the establishment is open.
(If yes, briefly describe how access is restricted.) COMAR 10.34.05.02
- The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02

Opening Inspection Pass: _____ Fail: _____

INSPECTOR COMMENTS:

Inspector Signature _____

Permit Holder Name(Print): _____ Date: _____

Signature: _____

Final 06.19.2013

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: _____

Permit#: _____

Date: _____

Pharmacy Signature: _____

Rx#: _____

Date Filled: _____

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY

COMMENTS:

SCHEDULE II AUDIT

Drug _____

Date of last Inspection/Biennial _____

Amount at last inspection/biennial	_____	(A)
Purchased since inspection/biennial	_____	(B)
Total inventory	_____	(C) = A + B
Quantity dispensed	_____	(D)
Expected inventory	_____	(E) = C - D
Quantity on Hand	_____	(F)
Discrepancy	_____	(G) = (F-E) or (E-F)
		Excess Shortage

INVOICE REVIEW

CII:

CIII - CV:

PRESCRIPTION REVIEW

**CII #
DATE**

COMMENTS:

**CIII - CV #
DATE**

COMMENTS:
