STATE OF MARYLAND
DHMH
Department of Health and Mental Hygiene
Lawrence J. Hogan, Jr., Governor · Boyd K. Rutherford, Lt. Governor
Van T. Mitchell, Secretary

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

REPOSITORY/DROP OFF SITE INSPECTION FORM

Corporate Pharmacy Name _____
Pharmacy Name-Doing Business as (d/b/a) or Trade Name _____
Street Address _____
Business Telephone Number _____ **Business Fax Number** _____
Inspection Date: _____ **Arrival Time:** _____ **Departure Time:** _____
Type of Inspection: ☐ **Annual** ☐ **Follow-up Previous Date:** _____
Name of Inspector: _____

A. GENERAL INFORMATION - Drop Off Sites

Maryland Pharmacy Permit Number _____ **Expiration** _____
CDS Registration Number _____ **Expiration** _____
DEA Registration Number _____ **Expiration** _____

1.

YES ☐ **NO** ☐ The permit Holder has documentation of submission of an application to the Board to be designated as a voluntary drop-off site;

YES ☐ **NO** ☐ The permit Holder has documentation that the pharmacy is in good standing with the Board or the Office of Health Care Quality and does not have a final disciplinary order issued against it by a health occupations board;

YES ☐ **NO** ☐ The permit Holder has documentation that the pharmacy is owned or operated by a health care practitioner who has fulfilled these requirements.

Comments: _____

2.

YES ☐ **NO** ☐ There are written policies and procedures to specify eligible drugs including prescription drugs or medical supplies that may be donated at a drop-off site. In their original unopened and sealed packaging; or packaged in single unit doses when the outside packaging is opened if the single unit dose packaging is undisturbed.

Comments: _____

410-764-4755 • Fax 410-384-4137 • Toll Free 800-542-4964 DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258 Web Site: http://dhmh.maryland.gov/pharmacy

3.

YES ☐ **NO** ☐ There are written policies and procedures to specify ineligible drugs including prescription drugs or medical supplies that may not be accepted for dispensing that bear an expiration date that is less than 90 days from the date the drug is donated or have been adulterated according to the standards of Health-General Article, §21-216, Annotated Code of Maryland, because adulterated prescription drugs or medical supplies

Comments: _____

_____

_____

_____

4.

YES ☐ **NO** ☐ There are written policies and procedures to specify forms used to donate a prescription drug or medical supply containing the following statements:

YES ☐ **NO** ☐ That the donor is the owner or the owner's representative of the prescription drug or medical supply;

YES ☐ **NO** ☐ That the donor intends to voluntarily donate the prescription drug or medical supply to the Program; and

YES ☐ **NO** ☐ Contains the signature of the donor or the donor's representative.

Comments: _____

_____

_____

_____

5.

YES ☐ **NO** ☐ There are written policies and procedures to specify record keeping Requirements that the permit holder shall maintain records required by this Program that must be maintained separately from other prescription records for a minimum of 5 years including: Inventory, donor forms; and prescription records.

6. PERSONNEL TRAINING

YES ☐ **NO** ☐ There are written policies and procedures to specify duties of personnel who perform tasks related to receipt, handling and storage and disposal

All personnel have received training in: (check all that apply) COMAR 10.34.21.0313(3) and (4)

YES ☐ **NO** ☐ Maintaining records

YES ☐ **NO** ☐ Patient confidentiality

YES ☐ **NO** ☐ Sanitation, hygiene, infection control

YES ☐ **NO** ☐ Biohazard precautions

YES ☐ **NO** ☐ Patient safety and medication errors COMAR 10.34.26.03

Comments: _____

_____

_____

_____

410-764-4755 • Fax 410-384-4137 • Toll Free 800-542-4964 DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258 Web Site: http://dhmh.maryland.gov/pharmacy

B. GENERAL INFORMATION –Repository

1.

YES ☐ **NO** ☐ **N/A** ☐ The permit Holder has documentation submission an application to the Board to be designated as a voluntary repository site;

YES ☐ **NO** ☐ **N/A** ☐ The permit Holder has documentation that the pharmacy is in good standing with the Board or the Office of Health Care Quality and does not have a final disciplinary order issued against it by a health occupations board;

YES ☐ **NO** ☐ **N/A** ☐ The permit Holder has documentation that the pharmacy is owned or operated by a health care practitioner who has fulfilled these requirements.

Comments: _____

_____

_____

_____

2.

YES ☐ **NO** ☐ **N/A** ☐ There are written policies and procedures to specify procedure for dispensing donated prescription drugs or medical supplies in compliance with applicable federal and State laws and regulations for dispensing prescription drugs or medical supplies.

Comments: _____

_____

_____

_____

3.

YES ☐ **NO** ☐ **N/A** ☐ There are written policies and procedures to specify procedures for shipping donated prescription drugs or medical supplies to recipients of this program

Comments: _____

_____

_____

_____

4.

YES ☐ **NO** ☐ **N/A** ☐ There are written policies and procedures to specify procedures for disposing of donated prescription drugs or medical supplies that do not meet the requirements of Regulation .02 of this chapter in compliance with applicable State and federal laws and regulations for disposing of prescription drugs or medical supplies

5

YES ☐ **NO** ☐ **N/A** ☐ There are written policies and procedures to specify to determine of patient eligibility

YES ☐ **NO** ☐ **N/A** ☐ There are written policies and procedures to specify that the recipient of this program shall be a resident of the State,

YES ☐ **NO** ☐ **N/A** ☐ There are written policies and procedures to specify how a health care practitioner with prescribing authority shall:

1) Assess the financial need of a patient to participate in the Program and;
2) Indicate on the patient's prescription eligibility for this Program.

6.

YES ☐ **NO** ☐ **N/A** ☐ There are written policies and procedures to specify the content of the Board approved Recipient Form of a donated prescription drug or medical supply under this Program

410-764-4755 • Fax 410-384-4137 • Toll Free 800-542-4964 DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258 Web Site: http://dhmh.maryland.gov/pharmacy

7.

YES ☐ **NO** ☐ There are written policies and procedures to specify that before receiving the prescription drug or medical supply that the patient confirms that the recipient understands that the recipient is receiving prescription drugs or medical supplies that have been donated to the Program that entities involved in the program have immunity from liability in accordance with Health-General Article, §15-607, Annotate

Comments: _____

_____

_____

_____

8. PERSONNEL TRAINING

YES ☐ **NO** ☐ There are written policies and procedures to specify duties of personnel who perform tasks related to receipt, handling and storage and disposal of donated prescription drugs or medical supplies. AII personnel have received training in: (check all that apply) COMAR 10.34.21.03B(3) and (4)

YES ☐ **NO** ☐ Maintaining records

YES ☐ **NO** ☐ Patient confidentiality

YES ☐ **NO** ☐ Sanitation, hygiene, infection control

YES ☐ **NO** ☐ Biohazard precautions

YES ☐ **NO** ☐ Patient safety and medication errors COMAR 10.34.26.03

Comments: _____

_____

_____

_____

410-764-4755 • Fax 410-384-4137 • Toll Free 800-542-4964 DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258 Web Site: http://dhmh.maryland.gov/pharmacy

Inspectors Comments:

Inspector Signature_____

Pharmacist Name: _____ **Date:** _____
(Print)

Received a copy of the inspection report on _____ _____
Date and Signature of the Pharmacist

FINAL 9/02/2014

CLEAR FORM PRINT FORM

410-764-4755 • Fax 410-384-4137 • Toll Free 800-542-4964 DHMH 1-877-463-3464 • Maryland Relay Service
1-800-735-2258 Web Site: http://dhmh.maryland.gov/pharmacy