

MARYLAND Department of Health

Wes Moore, Governor ● Aruna Miller, Lt. Governor ● Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299 Neil Leikach, Board President • Deena Speights-Napata, Executive Director

COMMUNITY PHARMACY INSPECTION FORM

Corporate Pharmacy Name Pharmacy Name-Doing Business as (d/b/a) or Trade Name		
Busi	et Address Business Fax Number	
Insp	ection Date:Arrival Time Departure Time	
Туре	e of Inspection: Annual Follow-up Previous Date:e of Inspector:	
1. Gl	ENERAL INFORMATION	
Yes I	No	
	The pharmacy hours of operation are prominently displayed if the prescription area is not open the same hours as the establishment.	
Phar	macy Hours:	
	All permits, licenses, and registrations are posted conspicuously. HO § 12-311, HO § 12-408(b) and HO § 12-6B-08	
	yland Pharmacy Permit Number Expiration Date: Registration Number Expiration Date:	
	Registration Number Expiration Date:	
	The pharmacy performs sterile compounding. (If yes, complete Sterile Compounding Inspection Form) COMAR 10.34.19	
	The pharmacy provides services to Long Term Care facilities or assisted living facilities. (If yes, complete Long Term Care Inspection Form) COMAR 10.34.23	
Yes 1	No	
	The pharmacy fills original prescriptions received via the internet.	
	The pharmacy fills original prescriptions via e-prescribing. The pharmacist fills mail order prescriptions.	
шш	The pharmaeist him man order prescriptions.	
	s to any of the above, how does the pharmacist verify that a relationship exists between the patient he prescriber? 21 C.F.R. § 1306.04, HG § 21-220; COMAR 10.19.03.02 and .07	
Con	nments:	

2. PERSONNEL Name of Pharmacist/Manager who is char	ged with ensuring complian	ce with all applicable laws
Pharmacist Employees	License #	Exp Date
(Attach list if necessary)		
Registered Technicians	Registration #	Exp Date
(Attached list if necessary)		
Unlicensed Personnel (non-registered)	Title	Duties
(Attack list if massages)		
(Attach list if necessary) 3. PERSONNEL TRAINING		
Yes No □□ There are written policies and proce personnel under the supervision of a l □□ All unlicensed personnel who perform tasks they perform. COMAR 10.34.2	icensed pharmacist. COMA tasks in the pharmacy recei	R 10.34.21.03 and 10.34.21.05
All personnel have received training in: (c Yes No Maintaining records Patient confidentiality Sanitation, hygiene, infection Biohazard precautions Patient safety and medication	n control	
Comments:		

4. 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 10.34.05.02A (5)
	The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02A (2) The permit holder shall prevent an individual from being in the prescription area unless a pharmacist is immediately available on the premises to provide pharmacy services. COMAR 10.34.05.02A (3)
Cor	nments:
5. l	PHYSICAL REQUIREMENTS AND EQUIPMENT
Yes	
	Pharmacy area is clean and orderly. HO § 12-403(b) (11) (ii)2.
	The pharmacy provides a compounding service (non-sterile procedures).
	Yes No
	□□ If yes, the pharmacy maintains equipment that enables it to prepare and dispense
	prescriptions properly within its scope of practice. COMAR 10.34.07.02
Yes	No
	The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A
	The pharmacy has hot and cold running water.
	The medication refrigerator(s) contain only prescription items. COMAR 10.34.07.01B The medication refrigerator(s) have a thermometer and the current temperature is between
	(36-46F) USP COMAR 10.34.07.01B
Te	emperature
	The current temperature of the pharmacy department is between 59 to 86 degrees F. COMAR 10.34.05.02A (1)(a)
Τe	emperature
	If the pharmacy stocks medications requiring freezing, the freezer is maintained at temperatures required by the medications stored within it.
T	emperature
of t	The pharmacy maintains at all times a current reference library that is appropriate to meet the needs the practice specialty of that pharmacy and the consumers the pharmacy serves. HO § 12-403(b)(10)
	The pharmacy has online resources. HO § 12-403(b)(15)
Cor	nments:

6. PRESCRIPTION LABELING, FILES, AND STORAGE

	Prescription files for each prescription prepared or dispensed are made and kept on file for at least 5 HO § 12-403(b)(13)(i)
	ollowing label requirements are met if a drug is dispensed pursuant to a prescription: 12-505
	Yes No □□ The name and address of the pharmacy; HG § 21-221(a)(1) □□ The serial number of the prescription; HG § 21-221(a)(2) □□ The date the prescription was filled; HO § 12-505(b)(1) and HG §21-221(a)(3)
	□□ The name of the prescriber; HG § 21-221(a)(4) □□ The name of the patient; HG § 21-221(a)(5)(i)
	The name and strength of the drug or devices; HO § 12-505(c) The directions for use; HO § 12-505(b)(2)(ii) and HG §21-221(a)(5)(ii) The required cautionary statements or auxiliary labels; HG § 21-221(a)(5)(iii) The name of generic manufacturer; and HO §§ 12-504(d)(2) and 12-505(c)(2) The expiration date is indicated; HO § 12-505(b)(2)
	The pharmacist and data-entry technician initials are on prescriptions. COMAR 10.34.08.01 Driginal prescriptions are dispensed within 120 days after the issue date. HO § 12-503
Con	ments:
	JALITY ASSURANCE – PATIENT SAFETY / MEDICATION ERRORS
Yes □□	Fhere are written policies that inform patients of the procedure to follow when reporting a suspected medication error to the permit holder, pharmacist, health care facility, or other health care povider. COMAR 10.34.26.02
	The pharmacy maintains a minimum of two (2) continuous years of records clearly demonstrating the content of annual educational training provided to each member of the pharmacy staff involved in the medication delivery system regarding the roles and responsibilities of pharmacy staff in preventing medication errors. COMAR 10.34.26.03B
	There is an ongoing quality assurance program that documents the competency and accuracy of all assigned tasks. COMAR 10.34.21.03E

Comments:

8. CONFIDENTIALTY

Yes	No
	Confidentiality is maintained in the creation, storage, access disposal and disclosure of patient records. HO § 12-403(b)(13), COMAR 10.34.10.03A and HIPAA Regulations
	Any identifiable information contained in a patient's record is not disclosed unless authorized by the patient, or an order of the court, or as authorized pursuant to HG §4-301 through §4-307.
Con	COMAR 10.34.10.03B
	nments:
9. II	NVENTORY CONTROL PROCEDURES
Yes	No
	The pharmacy maintains invoices as required by law for accurate control and accountability of all pharmaceuticals. COMAR10.34.24.03
	The pharmacy has a procedure in place for removal of all expired drugs (both prescription and OTC). COMAR 10.34.12.01
Con	nments:
10. (CONTROLLED SUBSTANCES
Pow	er of Attorney
Yes	No
	The pharmacy has a record of the most recent required biennial inventory of Schedule II-V controlled substances. COMAR 10.19.03.05B
	Inventory date:
	- Biennial Inventory completed at Opening or Closing (circle one) The inventories and records of Schedule II-V drugs are maintained and readily available.
	COMAR 10.19.03.05 and 21 CFR 1304.03
	Records are kept of all receipts of controlled substances entered into the pharmacy inventory
	(including DEA Form 222 or CSOS orders). COMAR 10.19.03.05
	There are written policies and records for return of CII, CIII-V.
	Hard copy or electronic prescription files are maintained chronologically for 5 years.
	Schedule II controlled substances are dispersed throughout the stock of non-controlled substances or stored in such a manner as to obstruct theft or diversion. COMAR 10.19.03.12B (2)
	All controlled substances prescriptions bear the name and address of the prescriber and patient. COMAR 10.19.03.07D (1)
	The permit holder or pharmacist designee(s) has written policies and procedures for investigating discrepancies and reporting of theft or loss. COMAR 10.19.03.12B (4)

Comments:	
11.	AUTOMATED MEDICATION SYSTEMS Yes - No - (if No, go to #12)
Yes N	No
oo 7	The facility uses an automated device(s) as defined in COMAR 10.34.28.02. Policies and procedures exist for (check all that apply): COMAR 10.34.28.04A Yes No
	□□ Operation of the system
	□□ Training of personnel using the system
	 □□ Operations during system downtime □□ Control of access to the device
	□□ Accounting for medication added and removed from the system.
	Sufficient safeguards are in place to ensure accurate replenishment of the automated medication system. If yes, describe safe guards. COMAR 10.34.28.06
	Adequate records are maintained for at least two years addressing the following (check all that apply). COMAR 10.34.28.11
	Yes No
	□□ Maintenance records.
	□□ System failure reports.
	□□ Accuracy audits.□□ Quality Assurance Reports.
	□□ Reports on system access and changes in access.
	□□ Training records.
	Devices installed after September 1, 2003 operate in a manner to limit simultaneous access to multiple strengths, dosage forms, or drug entities, and minimize the potential for misidentification of medications, dosages, and dosage forms accessed from the automated medication system. COMAR 10.34.28.04B
Comi	ments:

12. OUTSOURCING Yes \square No \square (if No, go to #13)

Yes	No
	The facility outsources the preparation of medication or performs outsourcing functions for other pharmacies. COMAR 10.34.04.02
	The facility serves as a primary pharmacy outsourcer to other pharmacies.
	COMAR 10.34.04.02
	The facility serves as a secondary pharmacy. COMAR 10.34.04.02
	The permit holder employs an outside agency/business entity for the provision of any pharmacy
	services, inclusive of staffing, remote order entry, and management.
	If yes: Name of agency, state of incorporation, service contracted, and State of Maryland
~	License/Permit Number: COMAR 10.34.04.06E
Con	nments:
	The permit holder has written policies and procedures to specify the duties that may be performed
	by outside personnel. COMAR 10.34.21.03B(3)
T.C. 41.	a phonone and a superior and a superior and an
	e pharmacy outsources a prescription order: The original prescription order is filed as a prescription order at the primary pharmacy.
	COMAR 10.34.04.06D
	Written policies exist for maintenance of documentation regarding transfer of prescription records.
	COMAR 10.34.04.06
	Documentation is maintained, including the names and locations of the pharmacies, names of
	pharmacists, and a record of the preparations made. COMAR 10.34.04.03 and .05
The	pharmacist from the primary pharmacy documents the following in a readily retrievable and
	tifiable manner: COMAR 10.34.04.06 (Check all that apply)
Yes	
	That the prescription order was prepared by a secondary pharmacy.
	The name of the secondary pharmacy.
	The name of the pharmacist who transmitted the prescription order to the secondary pharmacy. The name of the pharmacist at the secondary pharmacy to whom the prescription order was
	transmitted if the transmission occurred in an oral manner.
	The date on which the prescription order was transmitted to the secondary pharmacy.
	The date on which the medication was sent to the primary pharmacy.
T 7	NT.
Yes	
	The primary and secondary pharmacies are both licensed in the State of Maryland, or operated by the federal government. COMAR 10.34.04.06F
	The primary pharmacy maintains, in a readily retrievable and identifiable manner, a record of
	preparations received from the secondary pharmacy. COMAR 10.34.04.06G

and identifiable manner, which includes: COMAR 10.34.04.07 (Check all that apply)
Yes No
□□ That the prescription order was transmitted from another pharmacy.
□□ The name and information identifying the specific location of the primary pharmacy.
□□ The name of the pharmacist who transmitted the prescription to the secondary pharmacy if the transmission occurred in an oral manner.
□□ The name of the pharmacist at the secondary pharmacy who accepted the transmitted prescription order.
□□ The name of the pharmacist at the secondary pharmacy who prepared the prescription order. □□ The date on which the prescription order was received at the secondary pharmacy.
□□ The date on which the prepared product was sent to the primary pharmacy if it was sent back to the primary pharmacy.
13. Recommended Best Practices: Yes No
□ A perpetual inventory is maintained for Schedule II controlled substances.
☐ There are documented contingency plans for continuing operations in an emergency and for disaster recovery of required records.
☐ The pharmacy has written policies and procedures for the safe handling of drug recalls. See www.recalls.gov
□ □ The pharmacy maintains records of all recalls. See www.recalls.gov
Inspectors Comments:
Inspector Signature
Pharmacist Name ((Print): Date:
Signature:

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