



State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

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 Salt Lake City, UT 84114-6741
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CLASS A RETAIL
SELF
INSPECTION

INSTRUCTIONS

This self-inspection form is provided with the intent to improve the ability of DOPL to regulate the pharmacy profession within the State of Utah. It is also intended to aid you, as a pharmacist, to examine your practice and ensure that it is in conformance with Utah State laws and rules. However, please do not use this inspection form as a substitute for familiarizing yourself with current regulations, as it is not intended to be all-inclusive as far as Utah law is concerned. This form may be filled out by pharmacy staff, but it must be reviewed and signed by the Pharmacist-in-Charge.

Note that **EMAIL** is the preferred method of submission. **Please do not fax.** To submit by email, please download and fill out the file using Adobe Acrobat or Adobe Reader, then save the file to your desktop or documents and attach it to an email addressed to DOPLInvestigations@utah.gov. Alternatively, you may fill the form out electronically, or by hand, then scan the document to a file and send via email. If those options are not available please fill out the form electronically and print it out, or print and fill it out by hand, and then mail to the following address:

[DOPL Bureau of Investigation](#)
 160 E 300 S
 P.O. Box 146741
 Salt Lake City, UT 84114-6741

Please read the self-inspection questionnaire thoroughly. All fields should be filled, and all statements should have a response. Enter all date fields in a (mm/dd/yy) format. For items #1-47, ALL "No" answers must be accompanied by an explanation on the last page. For items #48-49, ALL "Yes" answers must be accompanied by an explanation on the last page.

INFORMATION

Pharmacy Name: _____ Date: _____

Pharmacy License #: _____ Expiration: _____

Controlled Substance License #: _____ Expiration: _____

DEA Registration #: _____ Expiration: _____

Pharmacy FEIN #: _____

Pharmacy Email: _____

Pharmacy Telephone: _____ Fax: _____

Pharmacy Hours: Mon - Fri: _____ Saturday: _____ Sunday: _____

Pharmacy Street Address: _____

City: _____ State: _____ Zip: _____

Pharmacist In Charge: _____

Pharmacist In Charge License #: _____ Expiration: _____

PERSONNEL

List ALL pharmacists, interns, and pharmacy technicians (attach a separate sheet, if necessary):

Name: _____ License #: _____ Expiration: _____

Name: _____ License #: _____ Expiration: _____

Name: _____ License #: _____ Expiration: _____

Name: _____ License #: _____ Expiration: _____
 Name: _____ License #: _____ Expiration: _____
 Name: _____ License #: _____ Expiration: _____
 Name: _____ License #: _____ Expiration: _____
 Name: _____ License #: _____ Expiration: _____
 Name: _____ License #: _____ Expiration: _____
 Name: _____ License #: _____ Expiration: _____
 Name: _____ License #: _____ Expiration: _____

List ALL pharmacy technicians-in-training, including those placed from a formal training program

Name: _____ Pharmacy Start Date: _____ DOPL Letter Date: _____
 Name: _____ Pharmacy Start Date: _____ DOPL Letter Date: _____
 Name: _____ Pharmacy Start Date: _____ DOPL Letter Date: _____

SELF INSPECTION QUESTIONNAIRE

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | The facility shall post the license of the facility and the license or a copy of the license of each pharmacist, pharmacy intern and pharmacy technician who is employed in the facility, but will <i>not</i> post the license of any just stated employee not actually employed in the facility. [UAC R156-17b-614a (5)] |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Notification has been provided to the Division in regards to the designated email address used in self audits or alerts for the pharmacy. [UAC R156-17b-603 (2) and (3) (u) (i-ii)] |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. [UAC R156-17b-603 (3) (t)] |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3) (a)] |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy technicians, including no more than one pharmacy technician-in-training per licensed pharmacist, shall be supervised on-site by a pharmacist. [UAC R156-17b-601 (3)] |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | The operating standards for a pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [R156-17b-606(1)(d)] |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy technician/pharmacy intern/supportive personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (s)] |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility shall wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)] |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | When communicating by any means, written, verbal, or electronic, pharmacy personnel must identify themselves as to licensure classification. [UCA 58-17b-603 (2)] |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | The facility or parent company shall maintain a permanent log of the initials or identification codes which identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (9)] |

- | | YES | NO | | | | | | | | | | | | | |
|---|--|--------------------------|--|--|---|---|---|---|---|---|--|--|---|--|-------------------------------|
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <p>The facility shall have current and retrievable editions of the following reference publications in <i>print or electronic format</i> and readily available and retrievable to facility personnel:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"><input type="checkbox"/> UCA 58-1 (DOPL Licensing Act)</td> <td style="width: 50%; vertical-align: top;"><input type="checkbox"/> UAC R156-1 (General Rules of DOPL)</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> UCA 58-17b (Pharmacy Practice Act)</td> <td style="vertical-align: top;"><input type="checkbox"/> UAC R156-17b (Pharmacy Practice Act Rules)</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> UCA 58-37 (Controlled Substance Act)</td> <td style="vertical-align: top;"><input type="checkbox"/> UAC R156-37 (Controlled Substance Act Rules)</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> UCA 58-37f (Controlled Substance Database Act)</td> <td style="vertical-align: top;"><input type="checkbox"/> UAC R156-37f (Controlled Substance Database Act Rule)</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Code of Federal Regulations</td> <td style="vertical-align: top;"><input type="checkbox"/> FDA Approved Drug Products (Orange Book)</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> General Drug References</td> <td style="vertical-align: top;">[UAC R156-17b-614a (4) (a-k)]</td> </tr> </table> | <input type="checkbox"/> UCA 58-1 (DOPL Licensing Act) | <input type="checkbox"/> UAC R156-1 (General Rules of DOPL) | <input type="checkbox"/> UCA 58-17b (Pharmacy Practice Act) | <input type="checkbox"/> UAC R156-17b (Pharmacy Practice Act Rules) | <input type="checkbox"/> UCA 58-37 (Controlled Substance Act) | <input type="checkbox"/> UAC R156-37 (Controlled Substance Act Rules) | <input type="checkbox"/> UCA 58-37f (Controlled Substance Database Act) | <input type="checkbox"/> UAC R156-37f (Controlled Substance Database Act Rule) | <input type="checkbox"/> Code of Federal Regulations | <input type="checkbox"/> FDA Approved Drug Products (Orange Book) | <input type="checkbox"/> General Drug References | [UAC R156-17b-614a (4) (a-k)] |
| <input type="checkbox"/> UCA 58-1 (DOPL Licensing Act) | <input type="checkbox"/> UAC R156-1 (General Rules of DOPL) | | | | | | | | | | | | | | |
| <input type="checkbox"/> UCA 58-17b (Pharmacy Practice Act) | <input type="checkbox"/> UAC R156-17b (Pharmacy Practice Act Rules) | | | | | | | | | | | | | | |
| <input type="checkbox"/> UCA 58-37 (Controlled Substance Act) | <input type="checkbox"/> UAC R156-37 (Controlled Substance Act Rules) | | | | | | | | | | | | | | |
| <input type="checkbox"/> UCA 58-37f (Controlled Substance Database Act) | <input type="checkbox"/> UAC R156-37f (Controlled Substance Database Act Rule) | | | | | | | | | | | | | | |
| <input type="checkbox"/> Code of Federal Regulations | <input type="checkbox"/> FDA Approved Drug Products (Orange Book) | | | | | | | | | | | | | | |
| <input type="checkbox"/> General Drug References | [UAC R156-17b-614a (4) (a-k)] | | | | | | | | | | | | | | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | The facility shall be well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)] | | | | | | | | | | | | |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | The dispensing area shall have a sink with hot and cold culinary water separate and apart from any restroom facilities. [UAC R156-17b-614a (b)] | | | | | | | | | | | | |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | The facility shall be equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)] | | | | | | | | | | | | |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | The facility shall be equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)] | | | | | | | | | | | | |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | The facility shall be stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)] | | | | | | | | | | | | |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | The facility shall be equipped with a security system to permit detection of entry at all times when the facility is closed. [UAC R156-17b-614a (1) (f)] | | | | | | | | | | | | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | If the pharmacy is located within a larger facility such as a grocery or department store, and a licensed Utah pharmacist is not immediately available in the facility, the pharmacy shall not remain open to pharmacy patients and shall be locked in such a way as to bar entry to the public or any non-pharmacy personnel. All pharmacies located within a larger facility shall be locked and enclosed in such as way as to bar entry by the public or any non-pharmacy personnel when the pharmacy is closed. [UAC R156-17b-614a (7)] | | | | | | | | | | | | |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | If the pharmacy includes a drop/false ceiling, the pharmacy's perimeter walls must extend to the hard deck, or other measures must be taken to prevent unauthorized entry into the pharmacy. [R156-17b-614a (16)] | | | | | | | | | | | | |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Only a licensed Utah pharmacist or authorized pharmacy personnel shall have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (8)] | | | | | | | | | | | | |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | The temperature of the pharmacy shall be maintained within a range compatible with the proper storage of the drugs. Documentation verifying temperature compliance shall be available to the Division upon request. [UAC R156-17b-614a (2)] | | | | | | | | | | | | |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | The temperature of the refrigerator and freezer shall be maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. Documentation verifying temperature compliance shall be available to the Division upon request. [UAC R156-17b-614a (2)] | | | | | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | Facilities shall have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (6)] | | | | | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | Every pharmacy facility shall orally offer to counsel a patient or a patient's agent in a personal face-to-face discussion with respect to each prescription drug dispensed... A pharmacist or pharmacy intern shall provide counseling to each patient... [UCA 58-17b-613 (1-2)] | | | | | | | | | | | | |

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | The offer to counsel shall be documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)] |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | Except when delivered to the ultimate user via the United States Postal Service, licensed common carrier, or supportive personnel, prescription drugs are only dispensed to the ultimate user or his agent directly from the pharmacy. [UCA 58-17b-602 (8)] |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | Each drug dispensed from the pharmacy shall have a label securely affixed to the container indicating the required minimum information, including:
<input type="checkbox"/> name, address, & phone number of pharmacy <input type="checkbox"/> serial number of prescription
<input type="checkbox"/> filling date or last dispensing date <input type="checkbox"/> name of the patient or animal owner/species
<input type="checkbox"/> name of the prescriber <input type="checkbox"/> directions for use & cautionary statements
<input type="checkbox"/> trade, generic or chemical name <input type="checkbox"/> amount dispensed & strength of dosage form
<i>(Unless Otherwise Indicated by Prescriber)</i> <input type="checkbox"/> beyond use date [UCA 58-17b-602 (5) (a-h)] |
| 28 | <input type="checkbox"/> | <input type="checkbox"/> | Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. [UCA 58-1-501 (2)(b) & 16 CFR 1700.14] |
| 29 | <input type="checkbox"/> | <input type="checkbox"/> | Does the pharmacy dispense to residents in any other state besides Utah? [UCA 58-17b-618] |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | Does the pharmacy fill for patients residing within a long term care facility, assisted living facility, group home, troubled youth facility or other similar facility? |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy only accepts back and redistributes any unused drug, or part of it...if it meets exemptions outlined in UCA 58-17b-503. [UCA 58-17b-502 (5)] |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 & 21 CFR 1307.21] |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy only dispenses legend drugs or controlled substances that have been issued by an online prescriber as part of an Internet facilitator arrangement, unless as otherwise allowed for pursuant to Utah Code Annotated, Title 58, Chapter 83. |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form (<i>i.e. facsimile</i>) for transmission. [CFR, Title 21, Chapter 11, Section 1311] |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | Prescription files, including refill information, shall be maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)] |
| 36 | <input type="checkbox"/> | <input type="checkbox"/> | Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders... [UAC R156-37- |
| 37 | <input type="checkbox"/> | <input type="checkbox"/> | Prescription forms and records of all controlled substances listed in Schedule II are maintained separately from Schedules III through V, which are maintained separately from all other facility records. Records must be maintained by licensee for a period of five (5) years. [UAC R156-37-602 (3,5,6)] |

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 38 | <input type="checkbox"/> | <input type="checkbox"/> | An annual inventory shall be conducted every 12 months, following the inventory date of each year and may be taken within four days of the specified inventory date. The PIC is responsible for taking all required inventories, which must be maintained for a period of 5 years, be readily available for inspection, and be filed separately from other records. Additionally, the inventory of Schedule I and II controlled substances must be listed separately from the inventory of Schedule III, IV, and V controlled substances. [UAC R156-17b-605 (3)] |
| 39 | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy reconciles its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(5)] |
| 40 | <input type="checkbox"/> | <input type="checkbox"/> | Any facility who experiences a shortage or theft of controlled substances shall immediately notify law enforcement and file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Bureau of Investigation for the Division. . . [UAC R156-37-602 (2)] |
| 41 | <input type="checkbox"/> | <input type="checkbox"/> | Since the last self inspection, has the facility terminated any employees due to a loss or suspected loss of any prescription medications? |
| 42 | <input type="checkbox"/> | <input type="checkbox"/> | Pharmacists or other responsible individuals shall verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (12)] |
| 43 | <input type="checkbox"/> | <input type="checkbox"/> | The facility shall maintain a record of suppliers' credit memos for controlled substances and legend drugs. [UAC R156-17b-614a (13)] |
| 44 | <input type="checkbox"/> | <input type="checkbox"/> | If applicable, the facility shall have a hard copy of the power of attorney authorizing a pharmacist to sign DEA order forms (form 222) available to the Division whenever necessary. [UAC R156-17b-614a (11)] |
| 45 | <input type="checkbox"/> | <input type="checkbox"/> | The facility shall maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a(10)] |
| 46 | <input type="checkbox"/> | <input type="checkbox"/> | Controlled substance data collection shall be submitted to the Controlled Substance Database, as required, at least once a week. [UAC R156-37-609 (4)] |
| 47 | <input type="checkbox"/> | <input type="checkbox"/> | The PIC shall for each controlled substance dispensed by a pharmacist under the PIC's supervision...submit to the division ...positive identification of the individual receiving the prescription, including the type of identification and any identifying numbers on the identification. [UCA 58-37f-203 (2) (e)] |
| 48 | <input type="checkbox"/> | <input type="checkbox"/> | The facility is engaged in medium or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)] |
| 49 | <input type="checkbox"/> | <input type="checkbox"/> | The facility is engaged in low, medium, or high risk <i>sterile</i> compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)] |

COMMENTS

I attest that the information contained in this "Pharmacy Self-Inspection Report" is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to deal with DOPL or the Licensing Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Printed Name of Pharmacist-in-Charge: _____

Date: _____

*Signature of Pharmacist-in-Charge: _____

*If you are filling out this form in an electronic format, please type your name in the signature line, and then type "ACKNOWLEDGED" in the box to the right of the signature line. If filling out a hard copy version, only your signature is required.