



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

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Case Number:

CLASS E
Durable Medical Equipment

INSPECTION

New Opening Regular

INFORMATION

(Please print clearly or type information)

Facility Name: _____ Date: ____/____/____
Facility Email: _____ Facility Telephone: ____-____-____
Facility Hours (Monday-Friday): _____ (Saturday): _____ (Sunday): _____
Facility Street Address: _____ Facility Fax: ____-____-____
City: _____ State: _____ Zip: _____
Pharmacy License Number: _____ Expiration Date: ____/____/____
Responsible Person: _____ Phone Number: ____-____-____

INSPECTION

In respect to Durable Medical Equipment which is held, stored, or otherwise under the control of the facility, please answer the following questions:

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | The facility will/does have a written pharmacy care protocol which includes: [R156-17b-617a (1)]
<input type="checkbox"/> the identity of the supervisor or director;
<input type="checkbox"/> a detailed plan of care;
<input type="checkbox"/> the identity of the drugs that will be purchased, stored, used and accounted for; and
<input type="checkbox"/> the identity of any licensed healthcare provider associated with the operation. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | The facility is of suitable size and construction to facilitate cleaning, maintenance, and proper operations; [R156-17b-617d (1) (a)] |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | The facility will/does provide adequate lighting, ventilation, sanitation, space, equipment, and security conditions; [R156-17b-617d (1) (b)] |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | The facility will be/is equipped to permit the orderly storage of 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; [R156-17b-617d (1) (c)] |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | The facility will be/is equipped to permit the 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; [R156-17b-617d (1) (d)] |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | The facility will/does maintain prescription forms and records for a period of five years; [R156-17b-617d (1) (e)] |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | The facility will be/is locked and enclosed in such a way as to bar entry by the public or any non-personnel when the facility is closed; and [R156-17b-617d (1) (f)] |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | The facility will/does post the license of the facility in full view of the public. [R156-17b-617d (1) (g)] |



CLASS E

INSPECTION

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COMMENTS

Signature of Responsible Person: _____ Date of Signature: ____/____/____

Signature of Division Investigator: _____ Date of Signature: ____/____/____