

## SUPERVISING PHARMACIST REPORT

### Respondent Pharmacy Information

CASE # \_\_\_\_\_ Pharmacy License Number \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Pharmacy Telephone Number: \_\_\_\_\_

Pharmacist-In-Charge: \_\_\_\_\_

Pharmacy Ownership: \_\_\_\_\_

### Approved Pharmacist Supervisor Information

Supervisor Name: \_\_\_\_\_

Supervisor License Number: \_\_\_\_\_

Date of this *unannounced, unscheduled* visit: MM/DD/YYYY

### Attestation of Supervising Pharmacist

I have thoroughly reviewed the respondent pharmacy Stipulation/MOU? (*required*) int: \_\_\_\_\_

I understand the violations:  YES  NO (*if no, please contact DOPL Inspector*)

I have thoroughly read the pharmacy Practice Plan: (*required*) int: \_\_\_\_\_

I understand the corrective actions required:  YES  NO (*if no, please contact DOPL board*)

#### DOPL INSPECTION

I have reviewed the most recent DOPL inspection report (*required*) int: \_\_\_\_\_

Date of most recent inspection DOPL report reviewed: MM/DD/YYYY

I have addressed the issues in this DOPL inspection report with respondent pharmacy (*required*) int: \_\_\_\_\_

This supervisor report includes violations found in the inspection report.  YES  NO  N/A

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **RESPONDENT PHARMACY REVIEW**

***On the following pages, Please use the format below when completing your report. If there are multiple violations complete steps 1 – 4 for each violation.***

1. What specific violation was reviewed?
2. Was the review completed onsite or over the phone?
3. Summarize education provided for above violation.
4. Explain corrective action taken by respondent pharmacy on above violation.