



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

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P.O. Box 146741 Toll Free in Utah: (866) 275-3675
Salt Lake City, Utah 84114-6741 Investigation Fax: (801) 530-6301
Email: DOPLInvestigations@utah.gov Website: www.dopl.utah.gov

CLASS B
Methadone Clinic

INSPECTION

New Opening Regular

INFORMATION

Pharmacy Name: _____ Date: _____

Pharmacy License Number: _____ Expiration Date: _____

Controlled Substance License Number: _____ Expiration Date: _____

DEA Registration Number: _____ Expiration Date: _____

Pharmacy Email: _____ Facility FEIN Number: _____

Pharmacy Telephone: _____ Pharmacy Fax: _____

Pharmacy Hours (Monday-Friday): _____ (Saturday): _____ (Sunday): _____

Pharmacy Street Address: _____

City: _____ State: _____ Zip: _____

Consulting Pharmacist (CP): _____

(CP) License Number: _____ Expiration Date: _____

PERSONNEL

List ALL pharmacists and nursing personnel. (attach a separate sheet, if necessary):

Name: _____ License Number: _____ Expiration Date: _____

Name: _____ License Number: _____ Expiration Date: _____

Name: _____ License Number: _____ Expiration Date: _____

Name: _____ License Number: _____ Expiration Date: _____

Name: _____ License Number: _____ Expiration Date: _____

INSPECTION

- | | Yes | No | | | | | | | | | | | |
|--|--|--------------------------|--|--|--|---|--|---|---|--|---|---|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy will not/does not accept back and redistribute any unused drug, or part of it...unless it meets exemptions outlined in UCA 58-17b-503. [UCA 58-17b-502 (5)] | | | | | | | | | | |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy will/does only dispense prescription medications which are patient specific. [UCA 58-17b-602] | | | | | | | | | | |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Each drug dispensed from the pharmacy will/does have a label securely affixed to the container indicating the required minimum information, including: <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> name, address, & phone number of pharmacy</td> <td><input type="checkbox"/> serial number of prescription</td> </tr> <tr> <td><input type="checkbox"/> filling date or last dispensing date</td> <td><input type="checkbox"/> name of the patient or animal owner/species</td> </tr> <tr> <td><input type="checkbox"/> name of the prescriber</td> <td><input type="checkbox"/> directions for use & cautionary statements</td> </tr> <tr> <td><input type="checkbox"/> trade, generic or chemical name</td> <td><input type="checkbox"/> amount dispensed & strength of dosage form</td> </tr> <tr> <td><i>(Unless Otherwise Indicated by Prescriber)</i></td> <td><input type="checkbox"/> beyond use date [UCA 58-17b-602 (5) (a-h)]</td> </tr> </table> | <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)] |
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| <i>(Unless Otherwise Indicated by Prescriber)</i> | <input type="checkbox"/> beyond use date [UCA 58-17b-602 (5) (a-h)] | | | | | | | | | | | | |