



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

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CLASS-E
PHARMACY

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: _____

DEA Registration Number: _____ Expiration Date: _____

FEIN Number: _____

Responsible Person: _____ Phone Number: _____

INSPECTION

A license is required to act as a pharmacy, except as specifically exempted from licensure under Section 58-1-307. [58-17b-302(1)] The division shall make rules relating to the operations and conduct of facilities, individuals, and entities which are regulated under this chapter, to protect the public health, safety, and welfare. The rules shall be consistent with the regulations of the Federal Food and Drug Administration and Drug Enforcement Administration, this chapter, and all other laws relating to activities and persons regulated under this chapter [58-17b-601 (1)(a)(b)]

Yes No

- In accordance with Section 58-17b-302 and Subsection 58-17b-601(1), Class E pharmacies will/does have a written pharmacy care protocol which includes: [R156-17b-617a (1)]
 - the identity of the supervisor or director;
 - a detailed plan of care;
 - the identity of the drugs to be purchased, stored, used and accounted for; and
 - the identity of any licensed healthcare provider associated with the operation.
- A Class E pharmacy preparing sterile compounds shall follow the USP-NF Chapter 797 Compounding for sterile preparations. [R156-17b-617a (2)]

COMMENTS



-By checking this box it is indicated that the undersigned Division Investigator has review the above inspection report and comments made with the undersigned "Responsible Party".

Signature of Responsible Person: _____

Date of Signature: / /

Signature of Division Investigator: _____

Date of Signature: / /