

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: _____

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.