

**INFORMATION**

(Please print clearly or type information)

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Email: \_\_\_\_\_ Facility Telephone: \_\_\_\_\_

Facility License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Controlled Substance License Number: (if applicable) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA Registration Number: (if applicable) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Facility FEIN # (Tax ID): \_\_\_\_\_

Facility Hours (Monday-Friday): \_\_\_\_\_ (Saturday): \_\_\_\_\_ (Sunday): \_\_\_\_\_

Facility Street Address: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**INSPECTION**

Yes No

1. The facility 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 that will be purchased, stored, used and accounted for; and the  
a identity of any licensed healthcare provider associated with the operation.
2. When preparing sterile compounds, the facility will/does follow the USP-NF Chapter 797 Compounding for sterile preparations. [R156-17b-617a (2)]
3. The facility will be/is of suitable size and construction to facilitate cleaning, maintenance, and proper operations. [R156-17b-617b (1)]
4. The facility will/does provide adequate lighting, ventilation, sanitation, space, equipment, and security conditions. [R156-17b-617b (2)]
5. The facility will/does maintain a list of drugs that will be purchased, stored, used, and accounted for [R156-17b-617b (3)]
6. The facility will/does maintain a list of licensed healthcare providers associated with the operation of the business. [R156-17b-617b (4)]
7. The facility will/does possess prescription drugs for the purpose of analysis. [R156-17b-617b (5)]

8. The facility will/does take measures to prevent the theft or loss of controlled substances. [R156-17b-617b (6)]
9. Any facility who experiences a shortage or theft of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau, and report the incident to the local law enforcement agency [UAC R156-37-602 (2)]

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**COMMENTS**

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

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Responsible Party (Print): \_\_\_\_\_

Signature of Division Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Division Investigator (Print): \_\_\_\_\_

Revised 2/2025