



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street Boston, MA 02108-4619

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www.mass.gov/dph/boards

Board of Registration in Pharmacy

Failed Certification Disclosure

Pharmacy Name _____ MA License Number _____
Pharmacy Address _____
City/Town _____ State _____ Zip Code _____
Pharmacy Tel. No. _____
Name of Manager of Record (MOR) / Designated Pharmacist-in-Charge (PIC)
(print) _____
MOR/PIC MA License Number _____ MOR/PIC email _____

Use this form to disclose failed certification of primary and / or secondary engineering controls in any sterile compounding or institutional sterile compounding pharmacy licensed by the Board.

Within seven (7) business days of the occurrence, every sterile compounding pharmacy licensed pursuant to M.G.L. c. 112, § 39 must report failure of certification.

This form must be scanned and emailed to: abnormalresults@mass.gov
Specify the name of the pharmacy and license number in the subject line.

*All documentation (certification report, CAPA, etc.) must be kept on site and available upon Board request.

Date of Occurrence	Description of Event	Remediation Plan (including plan for continued patient care)

Attestation:

I, _____ (MOR / PIC name), of _____
(pharmacy name), attest that proper remediation will be completed according to the standards set forth in the current USP <797> and / or Board regulations.

MOR / PIC Signature: _____ Date: _____