

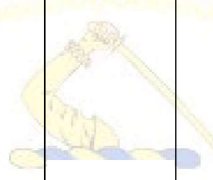
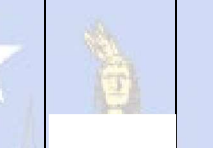
**Commonwealth of Massachusetts – Department of Public Health – Bureau of Health Professions Licensure  
Office of Public Protection – Board of Registration in Pharmacy  
Wholesale Distributor Inspection Form**

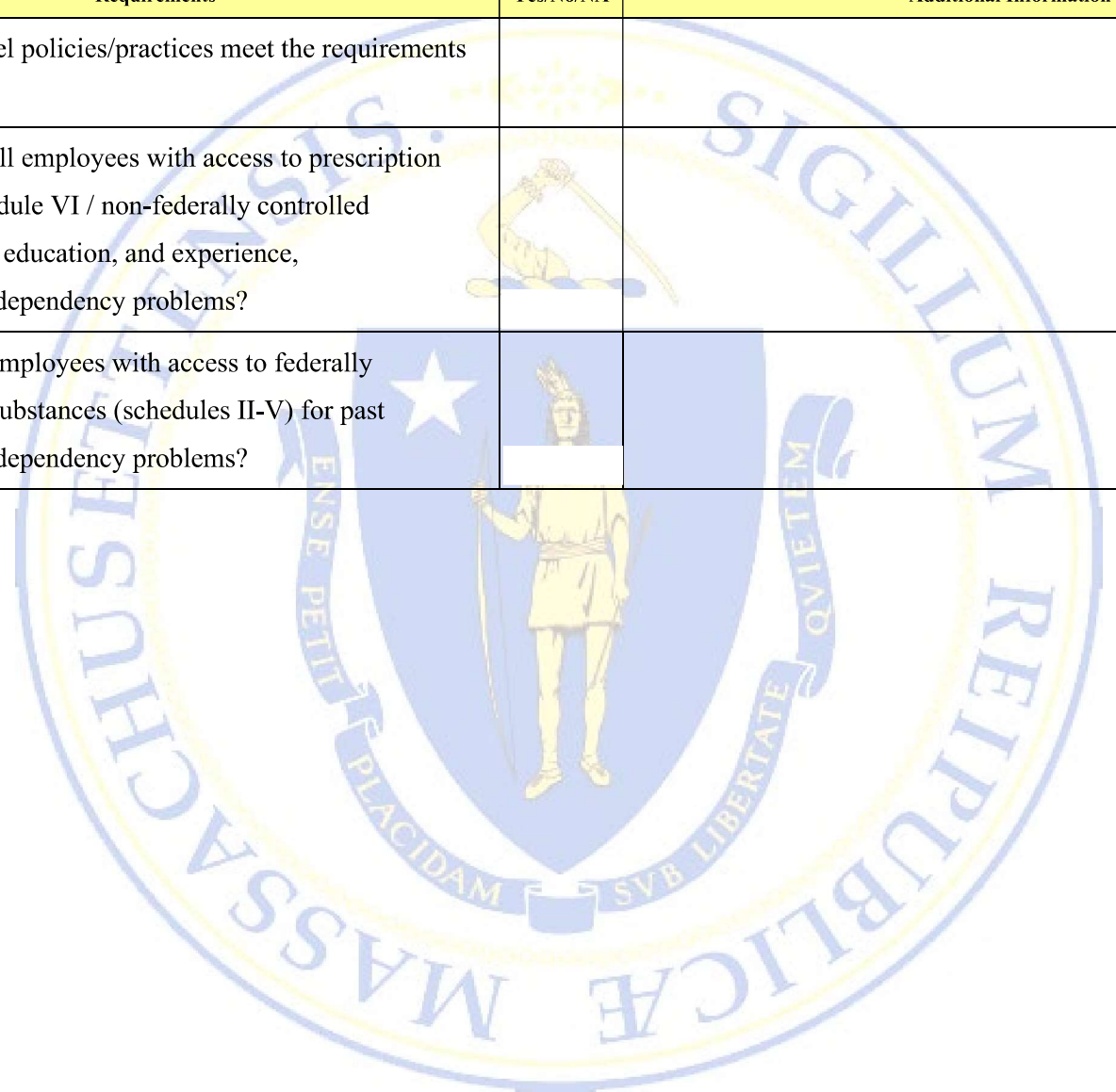
<b>DATE(S) OF INSPECTION:</b>		<b>ISP# -</b>	
<b>CORPORATION NAME:</b>			
<b>WHOLESALE DBA NAME:</b>			
<b>STREET ADDRESS:</b>			
<b>CITY / STATE / ZIP:</b>			
<b>TELEPHONE:</b>			
<b>FAX:</b>			
<b>EMAIL:</b>			
<b>HOURS OF OPERATION:</b>		<b>M – F:</b>	<b>SAT:                      SUN:</b>
<b>NAME OF REPRESENTATIVE PARTICIPATING IN INSPECTION:</b>			
<b>BOARD OF PHARMACY WHOLESALE DISTRIBUTOR LICENSE</b>		<b>Number:</b>	<b>Expiration:</b>
<b>DPH – DCP CONTROLLED SUBSTANCE REGISTRATION</b>		<b>Number:</b>	<b>Expiration:</b>
<b>DEA REGISTRATION</b>		<b>Number:</b>	<b>Expiration:</b>
<input type="checkbox"/> <b>SCHEDULE II</b>	<input type="checkbox"/> <b>SCHEDULE III</b>	<input type="checkbox"/> <b>SCHEDULE IV</b>	<input type="checkbox"/> <b>SCHEDULE V</b>
		<input type="checkbox"/> <b>SCHEDULE VI</b>	

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A. Administration			
Item#	Requirements	Yes/No/NA	Additional Information
A	List of all officers, directors, managers and employees available describing each of their positions/duties?		
B	Current licenses displayed?		
C	Written policies and procedures on prescription drugs including directives on the following:		
1	Procedure to identify/record/report losses or thefts?		
2	Procedure to correct errors on wholesaler's inventory?		
3	Procedure requiring oldest stock to be distributed first?		
4	Procedure on recall/withdrawal?		
	a Requests by FDA, federal agency, Board?		
	b Voluntary actions by manufacturer?		
5	Operation in event of strike, fire, flood or other disaster?		
6	Procedure to assure outdated drugs are separated and/or disposed of?		
	a Maintenance of written records on prescriptive drugs destroyed or otherwise disposed of?		
7	Policy and procedure on shipping or delivery of prescription drugs?		

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Item#	Requirements	Yes/No/NA	Additional Information
<b>D</b>	Do the personnel policies/practices meet the requirements of?		
<b>1</b>	Screening all employees with access to prescription drugs (schedule VI / non-federally controlled substances) education, and experience, conviction/dependency problems?		
<b>2</b>	Screening employees with access to federally controlled substances (schedules II-V) for past conviction/dependency problems?		



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B. Records			
Item#	Requirements	Yes/No/NA	Additional Information
A	Maintains records of receipts and dispositions of each prescription drug, including at least:		
1	Supplier of drug?		
2	Address from where shipped?		
3	Identity/quantity received?		
4	Identity/quantity distributed?		
5	Date of receipt?		
6	Date of distribution?		
7	Are records kept for two (2) years?		
8	Type of records maintained: <input type="checkbox"/> Computer <input type="checkbox"/> Hard Copy <input type="checkbox"/> Immediately Available		

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C. Storage and Shipping			
Item#	Requirements	Yes/No/NA	Additional Information
<b>A</b>	Does facility meet general requirements?		
1	Storage area facilitates access to prescription drugs?		
2	Area maintained in a clean and orderly condition?		
3	Area free from insects, rodents, birds, or vermin?		
<b>B</b>	Do storage conditions comply with US Pharmacopoeia?		
1	Are returned drugs sold to other purchasers?		
<b>C</b>	Separation/disposal of prescription drugs:		
1	Separate area specified for storage of outdated/damaged/adulterated drugs?		
2	Are returned drugs sold to other purchasers?		
a	If so, has examination/testing assured drugs not expired/adulterated?		
3	Outdated/mislabeled/adulterated drugs in stock?		
<b>D</b>	Examination of prescription drugs in shipment:		
1	Incoming shipments examined for damage/contamination?		
2	Outgoing shipments examined for damage/contamination?		
<b>E</b>	Do vehicles used for transportation of prescription drugs meet cleanliness, temperature and security standards?		

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D. Security			
Item#	Requirements	Yes/No/NA	Additional Information
A	Access to the drug storage area at a minimum/well controlled?		
B	Outside perimeter properly lighted?		
C	Secure against access by unauthorized persons?		
D	Access to controlled substances area limited to authorized persons and equipped w/ alarm system or detect?		
E	Has this wholesaler been subject of an investigation or been sanctioned by any licensing board for a federal or state regulatory agency?		Explain:
F	What training has the “Designated Representative” received? How long has she/he been employed?		

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Plan of Correction Issued:  Yes  No

If yes, I will provide a plan of correction for all findings within 15 business days.

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

Plan of Correction instructions: <https://www.mass.gov/doc/plan-of-correction-directions-for-licensees-0/download> Plan of Correction template: <https://www.mass.gov/doc/plan-of-correction-template-0/download>

Print