

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
BUREAU OF DRUG CONTROL  
2600 BULL STREET COLUMBIA, SOUTH CAROLINA 29201 (803) 896-0636  
PHARMACY INSPECTION FORM**

DATE:  
REGISTRANT:  
ADDRESS:  
CITY and STATE:  
PHARMACIST-IN-CHARGE:  
PHARMACIST ON DUTY:

INSPECTOR:  
DEA#:  
NDC#:  
PHONE:  
FAX:

**NUMBERS IN BRACKETS [ ] REFER TO SECTIONS OF R61-4 (SC CONTROLLED SUBSTANCES REGULATION)**  
[www.scstatehouse.net/regs/2757.doc](http://www.scstatehouse.net/regs/2757.doc)      **S = SATISFACTORY**      **I = IMPROVEMENT**      **U = UNSATISFACTORY**  
[www.scstatehouse.net/code/t44c53.doc](http://www.scstatehouse.net/code/t44c53.doc)

		<u>REMARKS/CORRECTIONS</u>
<b>A. <u>INVENTORY</u>: Annual/Change of PIC</b>		
<input type="checkbox"/> READILY RETRIEVABLE	[304(a)]	
<input type="checkbox"/> DATE TAKEN	[305(d)]	
<input type="checkbox"/> TIME TAKEN	[305(d)]	
<b>B. <u>PURCHASE RECORDS</u></b>		<u>Rx Files Reviewed:</u>
1) ORDER FORMS		
<input type="checkbox"/> READILY RETRIEVABLE	[402] See 21 CFR 1305.9	
<input type="checkbox"/> DATE/QTY RECEIVED	[402] See 21 CFR 1305.9	
<input type="checkbox"/> POWER OF ATTORNEY	[403]	
2) INVOICES		<u>Refills:</u>
<input type="checkbox"/> READILY RETRIEVABLE	[304(d)]	
<input type="checkbox"/> DATE/QTY RECEIVED	[316 (c)]	
<b>C. <u>DISPENSING RECORDS</u></b>		<u>Comments:</u>
1) GENERAL		
<input type="checkbox"/> THREE FILES MAINTAINED	[304(d)(3)]	
<input type="checkbox"/> PATIENT NAME / ADDRESS COMPLETE	[505]	
<input type="checkbox"/> DATE PRESCRIBED INDICATED	[505]	
<input type="checkbox"/> DRUG / STRENGTH / DIRECTIONS	[503(b),511]	
<input type="checkbox"/> PRACTITIONER NAME / ADDRESS / DEA	[505]	
<input type="checkbox"/> DATE RX DISPENSED INDICATED	[505] [514]	
<input type="checkbox"/> RPH DISPENSING MANUALLY INDICATED	[506.1]	
<input type="checkbox"/> EXCESSIVE QUANTITIES ( <b><u>31 DAY SUPPLY</u></b> )	[508.1, 514.1] SC Code § 44-53-360(e)	
<input type="checkbox"/> PRESCRIPTION SIGNED	[505]	
2) REFILL REQUIREMENTS		
<input type="checkbox"/> MD AUTHORIZATION INDICATED	[514(a)]	
<input type="checkbox"/> RPh DOCUMENTATION OF REFILLS	[514(b)]	
<input type="checkbox"/> COMPUTERIZED LOG	[514(b)]	
<input type="checkbox"/> REFILLS WITHIN 6 MONTH EXP	[514(a)]	
<input type="checkbox"/> UNAUTHORIZED REFILLS	[514(a)]	
<input type="checkbox"/> EARLY REFILLS	[514.1]	
3) EMERGENCY PRESCRIPTIONS		
<input type="checkbox"/> SIGNED RX WITHIN 72 HOURS	[508(d)(4)]	
<b>D. <u>SECURITY</u></b>		
<input type="checkbox"/> ACCESS BY UNAUTHORIZED PERSONS	[140(a)(1)]	
<input type="checkbox"/> THEFT REPORTS / BDC NOTIFIED-DEA form 106	[145(c)]	
		Available @ <a href="http://www.deadiversion.usdoj.gov">www.deadiversion.usdoj.gov</a>
<b>E. <u>SCHEDULE V REGISTER</u></b>		
<input type="checkbox"/> DISPENSED BY RPH ONLY	[518(a)]	
<input type="checkbox"/> PURCHASER ID OBTAINED	[518(d)]	
<input type="checkbox"/> PURCHASE DATE	[518(e)]	
<input type="checkbox"/> REPEAT SALES NOTED	[518(g)]	
<b>F. <u>IDENTIFICATION FOR C/S PRESCRIPTIONS</u></b>		<u>Identifications reviewed:</u>
<input type="checkbox"/> MAINTAINED ON HARD COPY / LOG BOOK	SC Code § 44-53-360(i)	
<input type="checkbox"/> Date Dispensed		
<input type="checkbox"/> Prescription Number		
<input type="checkbox"/> Type and number of the picture identification (SCDL#, SCID#, etc.)		
<input type="checkbox"/> Verified and Initialed by Pharmacy Employee		

INSPECTOR: \_\_\_\_\_ REGISTRANT (OR AGENT): \_\_\_\_\_