PHARMACY INSPECTION FORM

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

NUMBERS IN BRACKETS [ ] REFER TO SECTIONS OF R61-4 (SC CONTROLLED SUBSTANCES REGULATION)

A. INVENTORY: Annual/Change of PIC
   [ ] READILY RETRIEVABLE [304(a)]
   [ ] DATE TAKEN [305(d)]
   [ ] TIME TAKEN [305(d)]

B. PURCHASE RECORDS
   1) ORDER FORMS
      [ ] READILY RETRIEVABLE [402] See 21 CFR 1305.9
      [ ] DATE/QTY RECEIVED [402] See 21 CFR 1305.9
      [ ] POWER OF ATTORNEY [403]
   2) INVOICES
      [ ] READILY RETRIEVABLE [304(d)]
      [ ] DATE/QTY RECEIVED [316 (c)]

C. DISPENSING RECORDS
   1) GENERAL
      [ ] THREE FILES MAINTAINED [304(d)(3)]
      [ ] PATIENT NAME / ADDRESS COMPLETE [505]
      [ ] DATE PRESCRIBED INDICATED [505]
      [ ] DRUG / STRENGTH / DIRECTIONS [503(b),511]
      [ ] PRACTITIONER NAME / ADDRESS / DEA [505]
      [ ] DATE RX DISPENSED INDICATED [505][514]
      [ ] RPH DISPENSING MANUALLY INDICATED [506.1]
      [ ] EXCESSIVE QUANTITIES (31 DAY SUPPLY) [508.1, 514.1] SC Code § 44-53-360(e)
      [ ] PRESCRIPTION SIGNED [505]
   2) REFILL REQUIREMENTS
      [ ] MD AUTHORIZATION INDICATED [514(a)]
      [ ] RPh DOCUMENTATION OF REFILLS [514(b)]
      [ ] COMPUTERIZED LOG [514(b)]
      [ ] REFILLS WITHIN 6 MONTH EXP [514(a)]
      [ ] UNAUTHORIZED REFILLS [514(a)]
      [ ] EARLY REFILLS [514.1]
   3) EMERGENCY PRESCRIPTIONS
      [ ] SIGNED RX WITHIN 72 HOURS [508(d)(4)]

D. SECURITY
   [ ] ACCESS BY UNAUTHORIZED PERSONS [140(a)(1)]
   [ ] THEFT REPORTS / BDC NOTIFIED-DEA form 106 [145(c)]
   Available @ www.deadiversion.usdoj.gov

E. SCHEDULE V REGISTER
   [ ] DISPENSED BY RPH ONLY [518(a)]
   [ ] PURCHASER ID OBTAINED [518(d)]
   [ ] PURCHASE DATE [518(e)]
   [ ] REPEAT SALES NOTED [518(g)]

F. IDENTIFICATION FOR C/S PRESCRIPTIONS
   [ ] MAINTAINED ON HARD COPY / LOG BOOK SC Code § 44-53-360(i)
   [ ] Date Dispensed
   [ ] Prescription Number
   [ ] Type and number of the picture identification (SCDL#, SCID#, etc.)
   [ ] Verified and Initialed by Pharmacy Employee

INSPECTOR: ________________________________ REGISTRANT (OR AGENT): ________________________________