

#### State of Utah Department of Commerce

# **Division of Occupational and Professional Licensing** 160 E 300 S Telephone: (801) 530-6628

P.O. Box 146741 Salt Lake City, Utah 84114-6741 Email: <u>DOPLInvestigations@utah.gov</u> Telephone: (801) 530-6628 Toll Free in Utah: (866) 275-3675 Investigation Fax: (801) 530-6301 Website: <u>www.dopl.utah.gov</u> PHARMACY

**CLASS-E** 

## **INSPECTION**

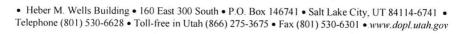
New Opening Regular

INFORMATION				
	(Please print clearly or type information	)	9	
Facility Name: _		Date	#	
Facility Email: _		Facility Telephone:		
Facility Hours (M	londay-Friday): (Saturday):	(Si	unday):	
Facility Street Ad	dress:	Facility Fax:		
	City:	State:	Zip:	
Pharmacy Licens	e Number:	Expiration Date:		
DEA Registration	Number:	Expiration Date:	,	
FEIN Number: _				
Responsible Pers	on:	Phone Number:		
	INSPECTION			
this chapter, to	ll make rules relating to the operations and conduct of facilities, in protect the public health, safety, and welfare. The rules shall be co nistration and Drug Enforcement Administration, this chapter, an regulated under this chapter [58-17b-601	onsistent with the reg d all other laws relati	ulations of the Federal Food	
Yes No				
1. 🗌 🖺	In accordance with Section 58-17b-302 and Subsection 58-17b-written pharmacy care protocol which includes: [R156-17b-617a (		nacies will/does have a	
	the identity of the supervisor or director;			
	a detailed plan of care;			
	the identity of the drugs to be purchased, stored, used and ac	ccounted for; and		
	$\hfill\Box$ the identity of any licensed healthcare provider associated w	ith the operation.		
2.	A Class E pharmacy preparing sterile compounds shall follow th preparations. [R156-17b-617a (2)]	e USP-NF Chapter 797	7 Compounding for sterile	
COMMENTS				

#### **INSPECTION**

(Page 2 of 2)

By checking this box it is indicated that the undersigned Division Investigate comments made with the undersigned "Responsible Party".	or has review the above inspecti	ion repoi	rt and
Signature of Responsible Person:	Date of Signature:	/	/
Signature of Division Investigator:	Date of Signature:	/	







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### CLASS E Analytical Laboratory

## **INSPECTION**

New Opening Regular

INFORMATION				
	(Please print clearly or type information)	i e		
Facility Name:		Date:		
Facility Email:	Faci	lity Telephone:		
Facility License N	umber:	Expiration Date:		
Controlled Substance License Number: (if applicable)		Expiration Date:		
DEA Registration Number: (if applicable)				
	nber:			
	onday-Friday): (Saturday):			
Facility Street Ad	dress:	Facility Fax:		
	City:	State: Zip:		
Responsible Pers	on:	Phone Number:		
	INSPECTION			
Yes No	The facility will/does have a written pharmacy care protocol which the identity of the supervisor or director; a detailed plan of care; the identity of the drugs that will be purchased, stored, used and the identity of any licensed healthcare provider associated with the	accounted for; and		
2.	When preparing sterile compounds, the facility will/does follow the preparations. [R156-17b-617a $(2)$ ]	USP-NF Chapter 797 Compounding for sterile		
3.	The facility will be/is of suitable size and construction to facilitate cl [R156-17b-617b (1)]	eaning, maintenance, and proper operations;		
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, [R156-17b-617b (3)]	stored, used, and accounted for;		
6. 🗌 🖺	The facility will/does maintain a list of licensed healthcare provider business; [R156-17b-617b (4)]	s associated with the operation of the		
7. $\square$	The facility will/does possess prescription drugs for the purpose of	analysis: and [R156-17b-617b (5)]		



		CLAS	INSPECTION	(Page 2 of 2)
8.			The facility will/does take measures to prevent the theft of loss of controlled substances. [R156-17b-617b	) (6)]
9.	Yes	No	Any facility who experiences a shortage or theft of controlled substances shall immediately file the app forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention Investigation Bureau [UAC R156-37-602 (2)]	

COMMENTS

Signature of Responsible Person:	Date of Signature:	/	/	
Signature of Division Investigator:	Date of Signature:		/	