State of Utah
Department of Commerce

Division of Occupational and Professional Licensing
160 E 300 S
P.O. Box 146741
Salt Lake City, Utah 84114-6741
Email: *DOPLInvestigations@utah.gov*
Telephone: (801) 530-6628
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CLASS-E PHARMACY

INSPECTION

☐ New Opening ☐ Regular

INFORMATION

(Please print clearly or type information)

Facility Name: _____ Date: _____

Facility Email: _____ Facility Telephone: _____

Facility Hours (Monday-Friday): _____ (Saturday): _____ (Sunday): _____

Facility Street Address: _____ Facility Fax: _____

City: _____ State: _____ Zip: _____

Pharmacy License Number: _____ Expiration Date: _____

DEA Registration Number: _____ Expiration Date: _____

FEIN Number: _____

Responsible Person: _____ Phone Number: _____

INSPECTION

A license is required to act as a pharmacy, except as specifically exempted from licensure under Section 58-1-307. [58-17b-302(1)] The division shall make rules relating to the operations and conduct of facilities, individuals, and entities which are regulated under this chapter, to protect the public health, safety, and welfare. The rules shall be consistent with the regulations of the Federal Food and Drug Administration and Drug Enforcement Administration, this chapter, and all other laws relating to activities and persons regulated under this chapter [58-17b-601 (1)(a)(b)]

	Yes	No	
1.	☐	☐	In accordance with Section 58-17b-302 and Subsection 58-17b-601(1), Class E pharmacies will/does have a written pharmacy care protocol which includes: [R156-17b-617a (1)] ☐ the identity of the supervisor or director; ☐ a detailed plan of care; ☐ the identity of the drugs to be purchased, stored, used and accounted for; and ☐ the identity of any licensed healthcare provider associated with the operation.
2.	☐	☐	A Class E pharmacy preparing sterile compounds shall follow the USP-NF Chapter 797 Compounding for sterile preparations. [R156-17b-617a (2)]

COMMENTS

☐-By checking this box it is indicated that the undersigned Division Investigator has review the above inspection report and comments made with the undersigned "Responsible Party".

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)

Facility Name: _____ Date: _____

Facility Email: _____ Facility Telephone: _____

Facility License Number: _____ Expiration Date: _____

Controlled Substance License Number: (if applicable) _____ Expiration Date: _____

DEA Registration Number: (if applicable) _____ Expiration Date: _____

Facility FEIN Number: _____

Facility Hours (Monday-Friday): _____ (Saturday): _____ (Sunday): _____

Facility Street Address: _____ Facility Fax: _____

City: _____ State: _____ Zip: _____

Responsible Person: _____ Phone Number: _____

INSPECTION

	Yes	No	
1.	☐	☐	The facility will/does have a written pharmacy care protocol which includes: [R156-17b-617a (1)] ☐ the identity of the supervisor or director; ☐ a detailed plan of care; ☐ the identity of the drugs that will be purchased, stored, used and accounted for; and ☐ the identity of any licensed healthcare provider associated with the operation.
2.	☐	☐	When preparing sterile compounds, the facility will/does follow the USP-NF Chapter 797 Compounding for sterile preparations. [R156-17b-617a (2)]
3.	☐	☐	The facility will be/is of suitable size and construction to facilitate cleaning, maintenance, and proper operations; [R156-17b-617b (1)]
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, stored, used, and accounted for; [R156-17b-617b (3)]
6.	☐	☐	The facility will/does maintain a list of licensed healthcare providers associated with the operation of the business; [R156-17b-617b (4)]
7.	☐	☐	The facility will/does possess prescription drugs for the purpose of analysis; and [R156-17b-617b (5)]

INSPECTION

8. ☐ ☐ The facility will/does take measures to prevent the theft of loss of controlled substances. [R156-17b-617b (6)]

	Yes	No	
9.	☐	☐	Any facility who experiences a shortage or theft of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau... [UAC R156-37-602 (2)]

COMMENTS

Signature of Responsible Person: _____ Date of Signature: ___/___/___

Signature of Division Investigator: _____ Date of Signature: ___/___/___

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