



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

160 E 300 S Telephone: (801) 530-6628
P.O. Box 146741 Toll Free in Utah: (866) 275-3675
Salt Lake City, Utah 84114-6741 Website: www.dopl.utah.gov
Email: DOPLInvestigations@utah.gov

CLASS A
Retail
SELF
INSPECTION

INSTRUCTIONS

Please read the instructions below:

This self-inspection form is provided with the intent to improve the ability of the Division of Occupational and Professional Licensing (DOPL) to regulate the pharmacy profession within the State of Utah. It is also intended to aid you, as a pharmacist, to examine your practice and ensure that it is in conformance with Utah State laws and rules. However, please do not use this inspection form as a substitute for familiarizing yourself with current regulations, as it is not intended to be all-inclusive as far as Utah law is concerned.

Please read the self-inspection questionnaire thoroughly. All fields should be filled, and all statements should have a response. For items #1-40, ALL "No" answers *must* be accompanied by an explanation on the last page. For items #41-42, ALL "Yes" answers *must* be accompanied by an explanation on the last page.

Note that **email** is the preferred method of submission. If email is not available, please physically print the form and mail it to DOPL at the address at the top of this form. Please do not fax. The form may be filled out by pharmacy staff, but it must be reviewed and signed by the Pharmacist-in-Charge. If you need information about or help completing this report, please contact the Division by phone (801-530-6365, 801-530-6027, 801-530-6231) or email (DOPLInvestigations@utah.gov).

To submit by email, please download and fill out the file using Adobe Acrobat or Adobe Reader (Adobe Reader is free software already installed on most computers or available for download from Adobe at <http://get.adobe.com/reader/>.) Then save the file to your desktop or documents and attach it to an email addressed to DOPLInvestigations@utah.gov. Alternatively, you may fill the form out electronically, or by hand, then scan the document to a file and then send via email. If those options are not available, please fill out the form electronically and print it out or print it and fill it out by hand and then mail it to the following address:

DOPL Bureau of Investigation
160 E 300 S
P.O. Box 146741
Salt Lake City, UT 84114-6741

PART 1 INFORMATION

Pharmacy Name: _____ Date: (mm/dd/yyyy) _____

Pharmacy License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Controlled Substance License Number: _____ Expiration Date: (mm/dd/yyyy) _____

DEA Registration Number: _____ Expiration Date: (mm/dd/yyyy) _____

Pharmacy Email: _____

Pharmacy Telephone: (XXX-XXX-XXXX) _____ Pharmacy Fax: (XXX-XXX-XXXX) _____

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

Pharmacy Street Address: _____

City: _____ State: _____ Zip: _____

Pharmacist-in-Charge (PIC): _____

Pharmacist-in-Charge License Number: _____ Expiration Date: (mm/dd/yyyy) _____



PART 2

PERSONNEL

List ALL pharmacists, interns, and pharmacy technicians (attach a separate sheet, if necessary):

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

Name: _____ License Number: _____ Expiration Date: (mm/dd/yyyy) _____

List ALL technicians in training, including those placed from a formal training program (attach a separate sheet if necessary):

Name: _____ Start Date: (mm/dd/yyyy) _____ DOPL Notification Letter Date: (mm/dd/yyyy) _____

Name: _____ Start Date: (mm/dd/yyyy) _____ DOPL Notification Letter Date: (mm/dd/yyyy) _____

PART 3

SELF INSPECTION QUESTIONNAIRE

Read thoroughly, and mark or check the following statements as "Yes" or "No", as they apply to your pharmacy.

Do not leave any blank. Provide explanation for ALL "No" answers (questions 1-47) or all "Yes" answers (questions 48-49) in the COMMENTS field at the end of the questionnaire.

- | Yes | No | | | | | | | | | | | |
|--|---|--|--|--|---|--|---|---|--|---|---|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy does not accept back and redistribute any unused drug, or part of it...unless it meets exemptions outlined in UCA 58-17b-503. [UCA 58-17b-502 (5)] | | | | | | | | | | |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy only dispenses prescription medications which are patient specific. [UCA 58-17b-602] | | | | | | | | | | |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Each drug dispensed from the pharmacy shall have a label securely affixed to the container indicating the required minimum information, including: <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> name, address, & phone number of pharmacy</td> <td><input type="checkbox"/> serial number of prescription</td> </tr> <tr> <td><input type="checkbox"/> filling date or last dispensing date</td> <td><input type="checkbox"/> name of the patient or animal owner/species</td> </tr> <tr> <td><input type="checkbox"/> name of the prescriber</td> <td><input type="checkbox"/> directions for use & cautionary statements</td> </tr> <tr> <td><input type="checkbox"/> trade, generic or chemical name</td> <td><input type="checkbox"/> amount dispensed & strength of dosage form</td> </tr> <tr> <td><i>(Unless Otherwise Indicated by Prescriber)</i></td> <td><input type="checkbox"/> beyond use date [UCA 58-17b-602 (5) (a-h)]</td> </tr> </table> | <input type="checkbox"/> name, address, & phone number of pharmacy | <input type="checkbox"/> serial number of prescription | <input type="checkbox"/> filling date or last dispensing date | <input type="checkbox"/> name of the patient or animal owner/species | <input type="checkbox"/> name of the prescriber | <input type="checkbox"/> directions for use & cautionary statements | <input type="checkbox"/> trade, generic or chemical name | <input type="checkbox"/> amount dispensed & strength of dosage form | <i>(Unless Otherwise Indicated by Prescriber)</i> | <input type="checkbox"/> beyond use date [UCA 58-17b-602 (5) (a-h)] |
| <input type="checkbox"/> name, address, & phone number of pharmacy | <input type="checkbox"/> serial number of prescription | | | | | | | | | | | |
| <input type="checkbox"/> filling date or last dispensing date | <input type="checkbox"/> name of the patient or animal owner/species | | | | | | | | | | | |
| <input type="checkbox"/> name of the prescriber | <input type="checkbox"/> directions for use & cautionary statements | | | | | | | | | | | |
| <input type="checkbox"/> trade, generic or chemical name | <input type="checkbox"/> amount dispensed & strength of dosage form | | | | | | | | | | | |
| <i>(Unless Otherwise Indicated by Prescriber)</i> | <input type="checkbox"/> beyond use date [UCA 58-17b-602 (5) (a-h)] | | | | | | | | | | | |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Except when delivered to the ultimate user via the United States Postal Service, licensed common carrier, or supportive personnel, prescription drugs are only dispensed to the ultimate user or his agent directly from the pharmacy. [UCA 58-17b-602 (7)] | | | | | | | | | | |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility shall wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)] | | | | | | | | | | |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | When communicating by any means, written, verbal, or electronic, pharmacy personnel must identify themselves as to licensure classification. [UCA 58-17b-603 (2)] | | | | | | | | | | |



- 7. Yes No Every pharmacy facility shall orally offer to counsel a patient or a patient’s agent in a personal face-to-face discussion with respect to each prescription drug dispensed... A pharmacist or pharmacy intern shall provide counseling to each patient... [\[UCA 58-17b-613 \(1-2\)\]](#).
- 8. If the facility has a pharmacy technician training program, the program has been granted approval by the Division in collaboration with the Board. [\[UAC R156-17b-304 \(3\) \(b\)\]](#).
- 9. Pharmacy technicians, including no more than one pharmacy technician-in-training, shall be supervised on-site by a pharmacist. [\[UAC R156-17b-601 \(3\)\]](#).
- 10. Notification has been provided to the Division in regards to the designated email address used in self audits or alerts for the pharmacy. [\[UAC R156-17b-603 \(2\) and \(3\) \(u\) \(i-ii\)\]](#).
- 11. The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy technician/pharmacy intern/supportive personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [\[UAC R156-17b-603 \(19\)\]](#).
- 12. Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. [\[UAC R156-17b-603 \(20\)\]](#).
- 13. The pharmacy reconciles its controlled substance inventory to account for shortages of controlled substances. [\[UAC R156-17b-605 & R156-37-502\(5\)\]](#).
- 14. The offer to counsel shall be documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [\[UAC R156-17b-610 \(4\)\]](#).
- 15. Prescription files, including refill information, shall be maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [\[UAC R156-17b-612 \(4\)\]](#).
- 16. The facility shall be well lighted, ventilated, clean and sanitary. [\[UAC R156-17b-614a \(1\) \(a\)\]](#).
- 17. The dispensing area shall have a sink with hot and cold culinary water separate and apart from any restroom facilities. [\[UAC R156-17b-614a \(b\)\]](#).
- 18. The facility shall be equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [\[UAC R156-17b-614a \(1\) \(c\)\]](#).
- 19. The facility shall be equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [\[UAC R156-17b-614a \(1\) \(d\)\]](#).
- 20. The facility shall be stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [\[UAC R156-17b-614a \(1\) \(e\)\]](#).
- 21. The facility shall be equipped with a security system to permit detection of entry at all times when the facility is closed. [\[UAC R156-17b-614a \(1\) \(f\)\]](#).
- 22. The temperature of the pharmacy shall be maintained within a range compatible with the proper storage of the drugs. Documentation verifying temperature compliance shall be available to the Division upon request. [\[UAC R156-17b-614a \(2\)\]](#).
- 23. The temperature of the refrigerator and freezer shall be maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. Documentation verifying temperature compliance shall be available to the Division upon request. [\[UAC R156-17b-614a \(2\)\]](#).
- 24. The facility is engaged in medium or complex compounding activities as defined by USP 35 Chapter 795. **If you answer “yes” to this question, a compounding questionnaire must be completed.** [\[UAC R156-17b-614a \(3\)\]](#).



25. Yes No The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. **If you answer “yes” to this question, a compounding questionnaire must be completed.** [\[UAC R156-17b-614a \(3\)\]](#).
26. The facility shall have current and retrievable editions of the following reference publications in *print or electronic format* and readily available and retrievable to facility personnel:
UCA 58-1 (DOPL Licensing Act) UAC R156-1 (General Rules of DOPL)
UCA 58-17b (Pharmacy Practice Act) UAC R156-17b (Pharmacy Practice Act Rules)
UCA 58-37 (Controlled Substance Act) UAC R156-37 (Controlled Substance Act Rules)
UCA 58-37f (Utah Controlled Substance Database Act) Code of Federal Regulations
General Drug References FDA Approved Drug Products (Orange Book)
[\[UAC R156-17b-614a \(4\) \(a-i\)\]](#).
27. The facility shall post the license of the facility and the license or a copy of the license of each pharmacist, pharmacy intern and pharmacy technician who is employed in the facility, but may *not* post the license of any just stated employee not actually employed in the facility. [\[UAC R156-17b-614a \(5\)\]](#).
28. Facilities shall have a counseling area to allow for confidential patient counseling. [\[UAC R156-17b-614a \(6\)\]](#).
29. If the pharmacy is located within a larger facility such as a grocery or department store, and a licensed Utah pharmacist is not immediately available in the facility, the pharmacy shall not remain open to pharmacy patients and shall be locked in such a way as to bar entry to the public or any non-pharmacy personnel. All pharmacies located within a larger facility shall be locked and enclosed in such a way as to bar entry by the public or any non-pharmacy personnel when the pharmacy is closed. [\[UAC R156-17b-614a \(7\)\]](#).
30. Only a licensed Utah pharmacist or authorized pharmacy personnel shall have access to the pharmacy when the pharmacy is closed. [\[UAC R156-17b-614a \(8\)\]](#).
31. The facility shall maintain a permanent log of the initials or identification codes which identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [\[UAC R156-17b-614a \(9\)\]](#).
32. The facility will/does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [\[UAC R156-17b-614a \(10\)\]](#).
33. If applicable, the facility will/does have a hard copy of the power of attorney authorizing a pharmacist to sign DEA order forms (form 222) available to the Division whenever necessary. [\[UAC R156-17b-614a \(11\)\]](#).
34. Pharmacists or other responsible individuals will/do verify that the suppliers’ invoices of legend drugs, including controlled substances, are listed on the invoices and were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [\[UAC R156-17b-614a \(12\)\]](#).
35. The facility will/does maintain a record of suppliers’ credit memos for controlled substances and legend drugs. [\[UAC R156-17b-614a \(13\)\]](#).
36. An annual inventory will be/is conducted every 12 months, following the inventory date of each year and may be taken within four days of the specified inventory date. The PIC is responsible for taking all required inventories, which must be maintained for a period of 5 years, be readily available for inspection, and be filed separately from other records. Additionally, the inventory of Schedule I and II controlled substances must be listed separately from the inventory of Schedule III, IV, and V controlled substances. [\[UAC R156-17b-605 \(3\)\]](#).
37. If the pharmacy includes a drop/false ceiling, the pharmacy’s perimeter walls must extend to the hard deck, or other measures must be taken to prevent unauthorized entry into the pharmacy. [\[R156-17b-614a \(16\)\]](#).
38. 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 of the Division... [\[UAC R156-37-602 \(2\)\]](#).



- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | The facility has not had any employees who have been terminated or quit due to a loss or suspected loss of any prescription medications. |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | Prescription forms and records of all controlled substances listed in Schedule II are maintained separately from Schedules III through V, which are maintained separately from all other facility records. Records must be maintained by licensee for a period of five (5) years. [UAC R156-37-602 (3,5,6)] |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders... [UAC R156-37-602 (4) (a-b)] |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | Facility does not accept back for destruction any controlled substances unless allowed for by state and federal law. [UAC R156-37-606 & 21 CFR 1307.21] |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | Controlled substance data collection is submitted to the Controlled Substance Database, as required, at least once a week. [UAC R156-37-609 (4)] |
| 44. | <input type="checkbox"/> | <input type="checkbox"/> | The PIC shall, for each controlled substance dispensed by a pharmacist under the PIC's supervision...submit to the division ...positive identification of the individual receiving the prescription, including the type of identification and any identifying numbers on the identification. [UCA 58-37f-203 (2) (e)] |
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy does not dispense legend drugs or controlled substances that have been issued by an online prescriber as part of an Internet facilitator arrangement, unless as otherwise allowed for pursuant to Utah Code Annotated, Title 58, Chapter 83. [UAC R156-83-501 and 503] |
| 46. | <input type="checkbox"/> | <input type="checkbox"/> | The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form (<i>i.e. facsimile</i>) for transmission. [CFR, Title 21, Chapter 11, Section 1311] |
| 47. | <input type="checkbox"/> | <input type="checkbox"/> | Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. |
| 48. | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy fills for patients residing within a long term care facility, assisted living facility, group home, troubled youth facility or other similar facility? |
| 49. | <input type="checkbox"/> | <input type="checkbox"/> | The pharmacy dispenses to residents in any other state besides Utah. [UCA 58-17b-618] |



PART 4

COMMENTS

Use this area to explain any answers in the self-inspection above (required), as well as any additional comments:
(Use an additional sheet if necessary.)

I attest that the information contained in this "Pharmacy Self-Inspection Report" is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to deal with DOPL or the Licensing Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Printed Name of Pharmacist-in-Charge: _____ Date of Signature: (mm/dd/yyyy) _____

Signature of Pharmacist-in-Charge*: _____

*If you are filling out this form in an electronic format, please type your name in the signature line, and then type "ACKNOWLEDGED" in the box to the right of the signature line. If filling out a hard copy version, only your signature is required.