**Pharmacy Inspection Report**

**WASHINGTON STATE BOARD OF PHARMACY**

P.O. Box 47863
Olympia, Washington 98504-7863

TEL: (360) 236-4843 • FAX: (360) 586-4359

**RESPONSIBLE MANAGER**

CLASS______ OWNERSHIP: ____C ____P ____S PHARMACY TYPE: ____C ____H ____P ____L ____O

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### A. General Requirements (10)

1. ______ PHARMACY INSPECTION CERT. POSTED (WAC 246-869-190)

2. ______ PERSONNEL LICENSES POSTED (RCW 18.64.140)

3. ______ PHARMACY LICENSES POSTED (RCW 18.64.043)

4. ______ DEA REGISTRATION (WAC 246-887-020)

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<table>
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<tr>
<th>PHARMACISTS</th>
<th>LICENSE #</th>
<th>PRECEPTOR</th>
<th>INTERNS &amp; TECHNICIANS &amp; ASSISTANTS</th>
<th>CERTIFICATE #</th>
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UP TO 3 POINTS SUBTRACTED FOR EACH DEFICIENCY (USE ADDITIONAL PAGE IF NECESSARY)

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### B. Patient Health & Safety Requirements (30 points)

1. ______ PATIENT MEDICAL RECORDS (WAC 246-875)

2. ______ PATIENT INFORMATION (WAC 246-869-220)

3. ______ DRUG PRODUCT SUBSTITUTION GENERIC SIGN (RCW 69.41 & WAC 246-899)

4. ______ CRC COMPLIANCE (WAC 246-869-230)

5. ______ POISON REQUIREMENTS (WAC 246-869-200)

6. ______ IPEACAC SYR./POISON CONTROL # (WAC 246-869-150)

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NUMBER OF OUTDATED ITEMS

UP TO 5 POINTS SUBTRACTED FOR EACH DEFICIENCY

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### C. Professional Requirements (40 points)

1. ______ DEA ORDER FORMS (WAC 246-887-020)

2. ______ DEA INVENTORY RECORD (WAC 246-887-020)

3. ______ SCHEDULE V CS REGISTER (WAC 246-887-030)

4. ______ RESPONSIBLE RPH MANAGER (WAC 246-869-070)

5. ______ LAWBOOK (WAC 246-869-180)

6. ______ REFERENCE SOURCE (WAC 246-869-180)

7. ______ PHARMACY ANCILLARY STAFF (WAC 246-901)

8. ______ PROFESSIONAL RESPONSIBILITIES (WAC 246-863-095)

9. ______ ALL DRUGS PROPERLY LABELED (WAC 246-869-150)

10. ______ COMPLETED PRESCRIPTION LABELS (WAC 246-869-210)

11. ______ PRESCRIPTION FILES (WAC 246-869-100)

12. ______ REGULATION COMPLIANCE (RCW 18.64.160 & 165)

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### D. Facilities (20 points)

1. ______ DIFFERENTIAL HOURS (WAC 246-869-020)

2. ______ RX AREA SECURE FROM PUBLIC (WAC 246-869-160)

3. ______ APPEARANCE OF STAFF (WAC 246-869-170)

4. ______ RX AREA WORKING SPACE (WAC 246-869-160)

5. ______ PRESCRIPTION AREA SINK (WAC 246-869-160)

6. ______ REFRIGERATOR (WAC 246-869-160)

7. ______ TRASH RECEPTACLES (WAC 246-869-170)

8. ______ REST ROOMS (WAC 246-869-170)

9. ______ GENERAL CLEANLINESS & SANITATION (WAC 246-869-150, 160, & 170)

10. ______ NECESSARY EQUIPMENT (WAC 246-869-180)

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COMMENTS: ☐ YES ☐ NO

Comments are set forth on the reverse side of this report.

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**SIGNATURE OF PHARMACIST**

**SIGNATURE OF INVESTIGATOR**