

## RETAIL PHARMACY SELF EVALUATION REPORT

## NORTH CAROLINA BOARD OF PHARMACY

6015 Farrington Rd. Suite 201 CHAPEL HILL, NC 27517 (919) 246-1050 www.ncbop.org

| Pharmacy Name   |         |       | Permit # Date  |         |    |  |
|---|---------|-------|--|---------|----|--|
| General   | S       | U     | Records  | S       | U  |  |
| License/Permit Current, Displayed & Signed GS90-85.23                             |         |       | All Records Maintained Three Years/Readily Retrievable G.S. 90-85.26, 90-85.30; NCAC 46.1601, 46.2302, 46, 46.2303; 21CFR1305 & 1306.24                        |         |    |  |
| Pharmacist on duty when Pharmacy Open   |         |       | Proper Handling of Facsimile Transmitted Rxs NCAC .1813<br>Controlled Substances 21CFR1306.11 & .21  |         |    |  |
| Pharmacy Clean, Neat & Well Organized<br>NCAC 46.1601(a)(5)                       |         |       | Product Selection<br>G.S. 90.85.30   |         |    |  |
| Equipment & Current Reference Material NCAC 46.1601(k)                            |         |       | Proper Handling of Transferred Prescriptions<br>NCAC 46.1806   |         |    |  |
| Security/Access to Pharmacy Restricted<br>NCAC 46.2305, .2502(a) & (d); 21CFR1301 |         |       | Computer System meets Requirements NCAC 46.2304<br>Controlled Substances 21CFR1306.12(c) & .22(b)  |         |    |  |
| Outdated Products Isolated or Disposed of NCAC 46.2502, .3001                     |         |       | Daily Printout/Logbook Signed by all RPh Dispensing that Day NCAC 46.2304(3)     Controlled Substances 21CFR1306.22(b)(3)                                      |         |    |  |
| Written Disaster Plan<br>GS 90-5.25; NCAC 46.2502(i)                              |         |       | 2. Capable of Producing Printout of all Refill Data 21CFR1306.22(b)(3)   |         |    |  |
| Safety Closures Utilized<br>NCAC 46.1601(h)                                       |         |       | Date; Pt Name/Address; Product, Refill & Rx Information; and Directions for use on all Original Prescriptions NCAC 46.2301 Controlled Substances 21CFR 1306.05 |         |    |  |
| Current Copy of Pharmacy Laws<br>NCAC46.1601(k)                                   |         |       | Refills Limited to Physician's Orders<br>GS 90-85.32; NCAC 46.1802(a) & 1805   |         |    |  |
| Technicians Properly Supervised<br>NCAC 46.2501                                   |         |       | Documentation of Emergency Refills<br>NCAC 46.1802(b) & .1809  |         |    |  |
| CE Credits Current & On Site<br>NCAC 46.2201(b)                                   |         |       | Prescription Vials Properly Labeled GS90-85.29, GS 106-134 & 134.1; NCAC 46.1601; 21CFR1306.24   |         |    |  |
| Compounding Log<br>NCAC 46.1810   |         |       | Biennial Inventory//<br>21CFR1304.13   |         |    |  |
| Adequate Positive Verbal Offer to Counsel NCAC 46.2504                            |         |       | DEA Form 222s Completed on Receipt of Products 21CFR1305.09(e)   |         |    |  |
| Documentation of Counseling Refusal<br>NCAC 46.2504                               |         |       | CIII-CIV Invoices<br>21CFR1304.24  |         |    |  |
| Adequate Counseling by Pharmacist<br>NCAC 46.2504                                 |         |       | CIII-CIV Refills<br>21CFR1306.22   |         |    |  |
| Inventory on Change of Pharmacist Manager<br>NCAC 46.2502(c)                      |         |       | Other  |         |    |  |
| Durable Medical Equipment   |         |       | Compliance With NCAC 46.1400 If Providing Pharmaceuticals To<br>Nursing Homes, LTC Facilities Or Others Defined As Health Care<br>Facilities                   |         |    |  |
| Compliance With Applicable Regulations (See DME Compliance Worksheet)             |         |       | Compliance With 21CFR1306.03(b) & NCAC .1307.11 If Supplying Controlled Substances To Other Practitioners  |         |    |  |
| S= Satisfactory   |         |       |  |         |    |  |
| alert the Pharmacist Manager to areas of possible non-compliance and a            | fford t | he op | and placed on file in your pharmacy for review by Board Agents. The in- portunity for corrective action prior to a Board Inspection                            | tent is | to |  |
|   |         |       | oted discrepancies were found. I shall initiate appropriate actions to bring   | about   | :  |  |
| Pharmacist Manager  |         |       | Date   |         |    |  |
| Staff RPh(s)  |         |       |  |         |    |  |
|   |         |       |  |         |    |  |

The Board is furnishing this document for use in evaluating your store's compliance with applicable regulations. By initialing the blank opposite each area of practice, you attest that the pharmacy is now in compliance with the requirements identified. We expect to find the completed form on file in your store at the time of a routine inspection.

A primary objective of the self-evaluation program is to educate pharmacists on regulations. The program also allows you to evaluate your practice and make appropriate changes without penalty. The *Satisfactory* and *Unsatisfactory* ratings are subjective determinations. You are grading yourself to determine if you should make adjustments in your practice in order to comply with regulations. It is in your best interest to be tougher on yourself than a Board Inspector would be.

Regulation numbers are sited for your reference in researching specific requirements. You should utilize a current copy of Board regulations during your evaluation. The most recent version of applicable pharmacy laws is available to you via the Board's web page at www.ncbop.org. If you do not have access to the Internet, you should contact the Board's office to obtain a current copy of the regulations.

It is suggested that all pharmacist members of your staff conduct the evaluation. Doing so will allow for a better understanding of the regulations by your staff.