



New Mexico Board of Pharmacy
REGULATION AND LICENSING DEPARTMENT
 5500 San Antonio Dr NE ▪ Suite C ▪ Albuquerque, New Mexico 87109
 (505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
 www.rld.state.nm.us/boards/pharmacy.aspx

CLINIC INSPECTION FORM

DATE: _____ CLINIC NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

- Public Health Clinic Class: A B1 B2 B3 C D
 Animal Control Medical or 1st Aid Station Other: _____

Clinic No. _____ NMCS No. _____ DEA No. _____ State Operator's Permit _____
 Exp. Date _____ Exp. Date _____ Exp. Date _____ Exp. Date _____

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | Consultant Pharmacist: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | Appropriate Visits |
| <input type="checkbox"/> | <input type="checkbox"/> | | Log of All Visits and Activities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart Reviews Done |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart Review Documentation Appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | | Supportive Personnel Access List |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Drug Source: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | Storage of Medications Appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | | Samples Kept |
| <input type="checkbox"/> | <input type="checkbox"/> | | Receipt Records Appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | | Disposition Records of Unwanted or Outdated Drugs Adequate |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule II Records Appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule III - V Records Appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Controlled Substance Inventory Done Date: _____ |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Repackaging Done |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate Records |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate Label |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Dispensing or Distributing Done |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Labeling Appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counseling Done/Appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written Information Provided |
| <input type="checkbox"/> | <input type="checkbox"/> | | Pharmacist Phone Number Provided |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Policy and Procedures Manual Adequate Date Signed & Reviewed: _____ |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Adequate Reference Materials _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | Board of Pharmacy Inspection Report Posted |
| <input type="checkbox"/> | <input type="checkbox"/> | | All Licenses Current & Posted |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | 30 Day Response Required |

Deficiencies

Official

State Drug Inspector