



# New Mexico Board of Pharmacy

5500 San Antonio Dr. NE ▪ Suite C ▪ Albuquerque, New Mexico 87109  
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www.rld.nm.gov/pharmacy

## EMERGENCY MEDICAL SERVICES INSPECTION FORM

FACILITY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

Clinic No. \_\_\_\_\_ NMCS No. \_\_\_\_\_ DEA No. \_\_\_\_\_ State Operators Permit \_\_\_\_\_

Exp. Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Consultant Pharmacist \_\_\_\_\_ Appropriate Visits: Yes \_\_\_\_\_ No \_\_\_\_\_

Chart Reviews Done: Yes \_\_\_\_\_ No \_\_\_\_\_ Appropriate: Yes \_\_\_\_\_ No \_\_\_\_\_

Log of All Visits and Activities: Yes \_\_\_\_\_ No \_\_\_\_\_

Medical Director \_\_\_\_\_

Receipt Records Kept: Yes \_\_\_\_\_ No \_\_\_\_\_ Schedule II Records Appropriate: Yes \_\_\_\_\_ No \_\_\_\_\_

Schedule III, IV & V Receipt Records Appropriate: Yes \_\_\_\_\_ No \_\_\_\_\_

Appropriate Storage of Medications: Yes \_\_\_\_\_ No \_\_\_\_\_ Appropriate Security: Yes \_\_\_\_\_ No \_\_\_\_\_

Appropriate Administration Records: Yes \_\_\_\_\_ No \_\_\_\_\_

Disposition Records, including unwanted/outdated drugs appropriate \_\_\_\_\_

Drug Source: \_\_\_\_\_

Controlled Substance Inventory Done: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Policy & Procedures Manual Signed and Reviewed Annually: Yes \_\_\_\_\_ No \_\_\_\_\_

Board of Pharmacy Inspection Form Posted: Yes \_\_\_\_\_ No \_\_\_\_\_ All License Current: Yes \_\_\_\_\_ No \_\_\_\_\_

### COMMENTS

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Official Respond within 30 days if Checked \_\_\_\_\_

State Drug Inspector