



New Mexico Regulation and Licensing Department

Board of Pharmacy

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(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102

<https://www.rld.nm.gov/pharmacy>

RETAIL PHARMACY INSPECTION

PHARMACY NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ FAX: _____ EMAIL: _____
P.I.C. _____ LIC NO: _____ EXP: _____

RPh (LICENSE/EXPIRATION)

TECH (REGISTRATION/EXPIRATION)

CERTIFICATION CURRENT (Y/N)

PHARMACY LICENSE: _____ EXP: _____
NM CONTROLLED SUBSTANCE REGISTRATION: _____ EXP: _____
DEA REGISTRATION: _____ EXP: _____

1. REQUIRED ARTICLES DISPLAYED	.	.	.	.	.	YES	NO
2. RESTRICTED AREA SECURE, CLEAN, ORDERLY	.	.	.	.	.	YES	NO
3. PROPER DRUG STORAGE/TEMPERATURE/SECURITY	.	.	.	.	.	YES	NO
4. RX FILES APPROPRIATE (ELECTRONIC-MANUAL)	.	.	.	.	.	YES	NO
5. RX INFORMATION COMPLETE	.	.	.	.	.	YES	NO
6. RX LABEL INFORMATION COMPLETE/CORRECT	.	.	.	.	.	YES	NO
7. COMPUTER RECORDS APPROPRIATE	.	.	.	.	.	YES	NO
8. PATIENT PROFILES LIST MED CONDITIONS/ALLERGIES/OTC/OTHER MEDS	.	.	.	.	.	YES	NO
9. RECEIPT/PROCUREMENT RECORDS APPROPRIATE	.	.	.	.	.	YES	NO
10. DISPOSITION RECORDS APPROPRIATE	.	.	.	.	.	YES	NO
REVERSE DISTRIBUTOR(S): _____							
11. PSEUDOEPHED/C-V LOG APPROPRIATE	.	.	.	.	.	YES	NO
12. ANNUAL CS INVENTORY APPROPRIATE	.	.	.	.	.	YES	NO
LAST INVENTORY TAKEN ON: _____							
13. RETURN TO STOCK RECORD APPROPRIATE	.	.	.	.	.	YES	NO
14. STERILE COMPOUNDING	.	.	.	.	.	YES	NO
15. NON-STERILE COMPOUNDING	.	.	.	.	.	YES	NO
16. NON-STERILE HD COMPOUNDING	.	.	.	.	.	YES	NO
17. HD RISK ASSESSMENT COMPLETE AND IMPLEMENTED IF APPLICABLE (USP <800> CONTAINMENT REQUIREMENT)	.	.	.	.	.	YES	NO
18. PHI MAINTENANCE APPROPRIATE	.	.	.	.	.	YES	NO
19. COUNSELING APPROPRIATE	.	.	.	.	.	YES	NO
20. POLICY AND PROCEDURE MANUAL APPROPRIATE	.	.	.	.	.	YES	NO
21. PROPER ID RECORDED FOR CONTROLLED SUBSTANCE PRESCRIPTION	.	.	.	.	.	YES	NO
22. TECH TRAINING RECORDS APPROPRIATE/IMMUNIZATION	.	.	.	.	.	YES	NO
23. PRESCRIPTION MONITORING PROGRAM (PMP) DOCUMENTATION	.	.	.	.	.	YES	NO
24. PRESCRIPTION TRANSFERS COMPLIANT (16.19.6.23 NMAC)	.	.	.	.	.	YES	NO
25. CONTROLLED SUBSTANCE AUDIT RESULTS APPROPRIATE (CII)	.	.	.	.	.	YES	NO
26. CONTROLLED SUBSTANCE AUDIT RESULTS APPROPRIATE (CIII)	.	.	.	.	.	YES	NO
27. CONTROLLED SUBSTANCE AUDIT RESULTS APPROPRIATE (CIV)	.	.	.	.	.	YES	NO
28. ADVERSE DRUG EVENT PREVENTION AND REPORTING COMPLIANT (16.19.25 NMAC)	.	.	.	.	.	YES	NO

30 DAY RESPONSE REQUIRED: ___ YES ___ NO

COMMENTS

INSPECTOR: _____ **RPH:** _____