



New Mexico Board of Pharmacy

5500 San Antonio Dr. NE ▪ Suite C ▪ Albuquerque, New Mexico 87109
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www.rld.state.nm.us/boards/Pharmacy.aspx

SELLER OR DISPENSER OF CONTACT LENSES INSPECTION

FACILITY NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ FAX: _____ EMAIL: _____

NMBOP LICENSE: _____ EXP: _____

1. REQUIRED ARTICLES DISPLAYED.	.	.	.	.	.	.	YES	NO
2. RESTRICTED AREA SECURE, CLEAN, ORDERLY.	.	.	.	.	.	.	YES	NO
3. RX FILES APPROPRIATE.	.	.	.	.	.	.	YES	NO
4. RX INFORMATION COMPLETE.	.	.	.	.	.	.	YES	NO
5. ALL CONTACT LENSES STORED AT LICENSED LOCATION.	.	.	.	.	.	.	YES	NO
6. RX RECORDS MAINTAINED 3 YEARS	.	.	.	.	.	.	YES	NO
7. CONTACT LENSES ONLY DISPENSED WITH A VALID UNEXPIRED RX	.	.	.	.	.	.	YES	NO
8. RECEIPT/PROCUREMENT RECORDS APPROPRIATE.	.	.	.	.	.	.	YES	NO
9. DISPOSAL RECORDS APPROPRIATE	.	.	.	.	.	.	YES	NO
10. PHI MAINTENANCE APPROPRIATE.	.	.	.	.	.	.	YES	NO
11. POLICY AND PROCEDURE MANUAL APPROPRIATE.	.	.	.	.	.	.	YES	NO

COMMENTS

INSPECTOR: _____ EMPLOYEE: _____

30 DAY RESPONSE FORM YES NO