

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
https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/pharmacy/

CLASS E CLINIC INSPECTION FORM

DATE:			_ CLINIC NAME:		PHONE:	
ADDRE	ESS:			CITY:	ZIP:	
NMCS No Exp. Date				HSD Permit Exp. Date	Clinic No Exp. Date	
Yes	No	N/A				
		C	onsultant Pharmacist [1	16.19.4.11 C. (1) (g) (i) (k) NMAC]: $_$ ekly for patient census of 150 or more/ $\!$ m	L'I NED L'	
		1.	. Appropriate visits: we	ekly for patient census of 150 or more/ m	nobile NTP, bi-weekly if less than 150	
			. Log of All Visits and A		a Home Desing	
				Il Patient Records Prior to the Start of Tak		
					e at Least Quarterly [16.19.10.11 T. (7) NMAC]	
		6.	 Supportive Personnel Access List Medical Records Reviewed & Documented of at Least 5% of Clinic Patients since the Pharmacist's Last Visit (Determined By Dispensing, Distribution, or Supplying Records) 			
_			rug Source:			
			. Storage of Medications	• • •		
			. Receipt Records Appro			
		9.	. Disposition Records of	f Unwanted or Outdated Drugs Adequate		
		□ 10	0. Schedule II Records	Appropriate		
					renorphine list:	
		13	3. Dispensing or Distrib	uting Done [16.19.10.11 T. (1) NMAC]		
				acist, or Technician under Pharmacist's Di	rect Supervision Prepare & Label Orders	
					nsing Units & Signs/Initials Dispensing Record	
			c. Appropriate Label	·		
		1·		Labeling) Take-Home Doses Done [16.19 printed the competent 8 printed to th		
			b. Appropriate Label			
		□ 15	5. Mobile NTP [16.19.10).11 (T) (8) NMAC1		
				ed Written Approval for Operation from the	ne Board	
			b. Appropriate Security	·		
				ately Returned to the Registered Location	upon Completion of Operation	
				ances Removed from the Mobile NTP upo		
				Storage Area Restricted to a Minimum of		
		□ 10		es Manual Adequate in Addition to [16.19.	10.11 (N) NMAC]	
			a. Date Signed & Reviews	ewed:	(T) NIMACI.	
		□ iate Persoi	nnel Training/Qualificati	es the Following Procedures [16.19.10.11(i) ions for Competent Performance in Assigr \square Appropriate Supervision \square Prevention o	ned Functions □Appropriate Drug Administration and	
		1	7. Board of Pharmacy I	nspection Form Posted		
			8. All Licenses Current 8 9. 30 Day Response Re			
				Deficiencies		
						
		Offici	 al		State Drug Inspector	