PRE-INSPECTION CHECKLIST

1. The prescription department has space adequate for the size and scope of pharmaceutical services provided by the pharmacy.

2. Fixtures (i.e., shelving, counter tops, etc.) for storage of drugs, equipment and supplies, necessary to operate a pharmacy are installed.

3. A sink with hot and cold running water available exclusive of the restroom facilities.

4. Pharmacy arranged in an orderly fashion and kept clean.

5. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:
   a. data processing system including a printer or comparable equipment;
   b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;
   c. adequate supply of child-resistant, light-resistant, tight, and if applicable, glass containers;
   d. adequate supply of prescription labels with name, address, and telephone number of pharmacy;
   e. appropriate equipment necessary for the proper preparation of prescription drug orders;
   f. metric-apothecary weight and measure conversion charts;
   g. if the pharmacy serves the public, the word "pharmacy" or a similar word or symbol as determined by the board, is displayed in a prominent place on the front of the pharmacy.

6. A reference library is on site and current:
   a. Texas Pharmacy Laws and Regulations (publication year ______)
   b. Drug Interactions Reference (publication year ______)
   c. General Information Reference (publication year ______)
   d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if pharmacy is compounding non-sterile preparations)
   e. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.

7. If the pharmacy is compounding sterile preparations the following references are also required:
   a. United States Pharmacopeia/National Formulary or USP Pharmacist’s Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding-Sterile Preparations
   b. Chapter 71 of the USP/NF concerning Sterility Tests
   c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test
   d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding
   e. Handbook on Injectable Drugs (publication year ______)
   f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g. if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)

8. Security requirements can be met to assure the pharmacy will be locked by key, combination or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.

9. Pharmacy has basic alarm system with off-site monitoring and perimeter and motion sensors. (Alarm must be activated)

10. Written policies and procedures for the pharmacy’s security that meet the requirements of rule 291.33(b)(2)(E).

11. An area suitable for confidential patient counseling if pharmacy serves the general public.

12. If compounding sterile preparations, the pharmacy has a controlled area that meets the requirements in rule 291.133 (d)(6)(A) if the pharmacy is compounding low- and medium-risk preparations or rule 291.133 (d)(6)(B) if high-risk preparations are being compounded.
13. Certified primary engineering control device (e.g. laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).

14. Certified clean room(s) (e.g. ante area, buffer area).

Submit this form only after all items on this check-list are complete.

A TSBP Inspector will contact you regarding the required pre-inspection, only after the inspector receives a completed pre-inspection checklist. Please provide all contact information below for the owner or owner’s representative and Pharmacist-in-charge:

Pharmacy Name
__________________________________
Pharmacy Address
__________________________________

Name of Owner or Owner’s Representative
__________________________________
Signature of Owner or Owner’s Representative
__________________________________
Home
__________________________________
Cell
__________________________________
Work
Contact Telephone Numbers (8:00a.m.-5:00p.m./Mon.-Fri.)

Name of Pharmacist-In-Charge
__________________________________
Signature of Pharmacist-In-Charge
__________________________________
Home
__________________________________
Cell
__________________________________
Work
Contact Telephone Numbers (8:00a.m.-5:00p.m./Mon.-Fri.)

For TSBP Use Only—Date Pre-inspection Completed