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. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)
   ____ f. 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)
   *If your city requires an alarm permit, please attach a copy of the alarm permit.

[ ] 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:

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<tr>
<th>Pharmacy Name</th>
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<tr>
<th>Name of Owner or Owner’s Representative</th>
<th>Signature of Owner or Owner’s Representative</th>
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Contact Telephone Numbers (8:00a.m.-5:00p.m./Mon.-Fri.)

<table>
<thead>
<tr>
<th>Name of Pharmacist-In-Charge</th>
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For TSBP Use Only—Date Pre-inspection Completed