



## TEXAS PHARMACY LICENSE APPLICATION Pre-Inspection Checklist

- 1. The prescription department has space adequate for the size and scope of the pharmaceutical services provided by the pharmacy.
- 2. Fixtures (i.e., shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.
- 3. Electrical supply exists.
- 4. A sink with hot and cold running water available exclusive of the restroom facilities.
- 5. Pharmacy arranged in an orderly fashion and kept clean.
- 6. 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 the 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 similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.
- 7. 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 the 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.
- 8. 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)
- 9. 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.
- 10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated).  
**\*If your city requires an alarm permit**, provide a copy of the permit.
- 11. Written policies and procedures for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)
- 12. An area suitable for confidential patient counseling, if the pharmacy serves the general public

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

Provide ALL contact information below for the owner (or owner’s representative) and the Pharmacist-in-Charge:

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

The above information must match Box 2 of the Pharmacy Information Form

Signature of Owner/ Managing Officer: \_\_\_\_\_

Name of Owner/ Managing Officer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Contact Telephone Numbers (8:00 AM – 5:00 PM/Monday thru Friday)

Signature of Pharmacist-in-Charge: \_\_\_\_\_

Name of Pharmacist-in-Charge: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Contact Telephone Numbers (8:00 AM – 5:00 PM/Monday thru Friday)

FOR TBSP USE ONLY:

Date Pre-Inspection Completed

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