

South Carolina Department of Labor, Licensing & Regulation
BOARD OF PHARMACY
 PO Box 11927
 Columbia, SC 29211



**EMS Non-Dispensing Drug Outlet Facility
 SELF-INSPECTION REPORT**

Permit Name: _____ Permit Number: _____

Address: _____

City/State/Zip: _____ Phone: _____

S-Satisfactory	I-Improvement needed	U-Unsatisfactory	N/A-Not Applicable				
Section	Description	S	I	U	N/A		
40-43-83(F)	Permit displayed						
40-43-86(A)(1)	Sufficient space for safe and proper storage						
40-43-86(A)(10)	Storage areas temperature adequate						
40-43-86(A)(10)	Vehicles are climate controlled						
40-43-86(A)(13)	Physical or electronic barrier						
40-43-86(A)(16)(a)	Dry, well-ventilated with adequate lighting						
40-43-86(A)(16)(b)	Free from dust, insects, rodents, contamination						
40-43-86(A)(16)(c)	Outdated, damaged, unlabeled drugs removed from active stock						
40-43-86(A)(16)(d)	Refrigerator temperature _____ (36-46 degrees F)						
40-43-86(C)(1)(a)	P&Ps for procurement, storage and distribution readily available						
40-43-86(C)(1)(b)	Record-keeping system for purchase, possession, storage, safekeeping and return of drugs established						
40-43-86(C)(1)(c)	P&Ps for recalls and removal of outdated and adulterated drugs						
40-43-86(C)(1)(d)	All employees related to procurement and storage of drugs properly supervised						
40-43-86(C)(1)(f)	Written monthly inspections performed and readily available						

This self-inspection must be completed by the Medical Director or Consultant Pharmacist.
 The original copy must be kept on file at the facility.

I certify that the above information is correct and true to the best of my knowledge. I certify that this facility is in compliance with all SC Board of Pharmacy statutes and regulations. Non-compliance will result in possible disciplinary action by the SC Board of Pharmacy.

Signature of Permit Holder: _____ Date: _____

Signature of Medical Director or Consultant Pharmacist: _____

License Number: _____ Date: _____