



South Carolina Department of Labor, Licensing and Regulation

P.O. Box 11927

Columbia, SC 29211

803-896-4700 FAX: 803-896-4596

S.C. Board of Pharmacy Permit Inspection Report

Permit Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Pharmacist License #: \_\_\_\_\_ Consultant

Consultant: \_\_\_\_\_ License #: \_\_\_\_\_

Permit Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Type:  New  Follow up  Routine  Relocation  Consultation
 Change of Ownership  Change of Name  Change of Location

Type of Permit:

- Institutional Pharmacy  Non Sterile Compounding  Medical Gas/DME
 Narcotic Treatment Program Permit  Non Dispensing Drug Outlet  Retail Pharmacy
 Narcotic Treatment Prg. Satellite Permit  Nuclear Pharmacy  Sterile Compounding
 Wholesale Distributor Drug Outlet  Central Fill Inspection  Consultation
 Federally Qualified Health Clinic  Third Party Logistics  503B Outsourcing
 EMS Non-Dispensing Drug Outlet Facility  Manufacturer/Repackager

General Business Description:

\_\_\_\_\_

**Type** Non-Sterile Compounding

<b>S</b>	<b>U</b>	<b>N/A</b>	<b>Statute Inspection Items</b>	<b>Comment</b>
			40-43-86(CC)(2)(c) - Drugs meet CP, AR, ACS chemical grade or meet the accepted standard of the practice of pharmacy	
			40-43-86(CC)(2)(b) - Preparations are based on the existence of valid prescriptions issued pursuant to an existing pharmacist/patient/practitioner relationship and/or in anticipation of prescription medication orders based on routine, regularly observed prescribing patterns	
			40-43-86(CC)(3)(b) - Pharmacist responsible for monitoring and training pharmacy technicians	
			40-43-86(CC)(3)(a) - Employees achieve competence and maintain proficiency through current awareness training and annual competency assessment in the art and science of compounding and the rules and regulations of compounding	
			40-43-86(A)(16)(j),(CC)(3)(c) - Personnel are wearing clean clothing appropriate to the operation(s) being performed	

S - satisfactory U - unsatisfactory (results in a violation) N/A- Not Applicable

S	U	N/A	Statute Inspection Items	Comment
			40-43-86(CC)(3)(d) - Only personnel authorized by pharmacist(s) in immediate vicinity of the drug compounding operation	
			40-43-86(CC)(4)(a) - Pharmacists engaging in compounding have an adequate area for the complexity level of compounding that is maintained for the placement of material and equipment	
			40-43-86(CC)(4)(a) - Compounding area has sufficient space available for the type and amount of compounding performed; the area is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations	
			40-43-86(A)(10),(A)(16)(d),(CC)(2)(e),(CC)(4)(b),(CC)(6)(a) - Bulk medications and other chemicals or materials used in the compounding of medication must be stored in adequately labeled containers in a clean, dry, and temperature-controlled area or, if required, under proper refrigeration	
			40-43-86(A)(16)(a),(CC)(4)(c) - The compounding area has adequate lighting, ventilation, and washing facilities	
			40-43-86(CC)(4)(c) - The facility has adequate washing facilities with potable water supplied under continuous positive pressure in a plumbing system free of defects that could contribute to contamination of a compounded drug preparation, easily accessible to the compounding areas of the pharmacy, that include hot and cold water, soap or detergent, and air-dryers or single-use towels	

S - satisfactory U - unsatisfactory (results in a violation) N/A- Not Applicable

S	U	N/A	Statute Inspection Items	Comment
			40-43-86(A)(16),(CC)(4)(d) - Compounding area is clean and sanitary and free from infestation by insects, rodents, or other vermin	
			40-43-86(A)(16),(CC)(4)(d) - Trash disposed of in a timely and sanitary manner	
			40-43-86(CC)(4)(g) - Appropriate precautions used to prevent cross-contamination when drugs with special precautions are involved in a compounding procedure	
			40-43-86(CC)(5)(a) - Equipment and utensils used for compounding are of the appropriate design and capacity and are stored in a manner to protect from contamination	
			40-43-86(CC)(5)(a),(b) - Equipment is routinely inspected and calibrated; documentation of inspection and calibration is maintained	
			40-43-86(CC)(6),(8) - Compounding formulas and logs are appropriately maintained	
			40-43-86(CC)(6)(b),(c) - Components used in compounding are accurately weighed, measured, and/or subdivided as appropriate at each stage of the compounding procedure to conform to the formula prepared	
			40-43-86(CC)(6)(b) - Any chemical transferred to a container from the original container is labeled with the same information as the original container, and the date of transfer is placed on the label	
			40-43-86(CC)(6)(c) - Procedures to monitor the output of compounded prescriptions are present, updated, and in use (e.g. capsule quality assurance formula and document, etc.)	

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S	U	N/A	Statute Inspection Items	Comment
			40-43-86(CC)(7)(a) - Excess compounded preparation is labeled in a manner sufficient to identify the formula used, assigned control number, and BUD	
			40-43-86(CC)(7)(b) - Excess compounded preparation is properly stored	
			40-43-86(CC)(8) - Compounding records are kept for a period of two (2) years	
			40-43-10, et seq. - Standard operating procedures are present, updated, and in use	

S - satisfactory U - unsatisfactory (results in a violation) N/A- Not Applicable

This inspection report describes alleged violations of the Pharmacy Practice Act. All Violations and matters needing improvement must be corrected.

**You must notify the Board in writing or e-mail of those corrections within \_\_\_\_ days.**

Failure to comply with these terms may result in Board action.

This inspection report has been reviewed with me and I have been advised as to my responsibilities under the Pharmacy Practice Act.

**Contact Name**

\_\_\_\_\_

**Inspector Signature**

**Contact Title**

**Licensed Pharmacist/Designee  
Signature**

\_\_\_\_\_

**Inspector's Name**

**Contact License**

\_\_\_\_\_

**Inspector's Email**

**Contact Email(s)**

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