NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center OR Recovery Room Center Inspection: Instruction Sheet and Form

(Revised 12/2024)

The NVBOP's established self-assessment inspection process provides management the opportunity to review the standards by which the board inspects your operation. The process recognizes you as the responsible person to implement and review policies and procedures necessary to provide a quality standard of pharmaceutical services.

Please have the self-assessment form completed and available for review by the first day of the month listed on your inspection notice. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice.

To minimize any disruption to your facility during the inspection process please have the following available:

1. Completed inspection form along with prior year inspection form
2. Pharmacist Consultant Contract
3. NVBOP Registration
4. Completed DEA-222 forms or CSOS documents
5. Completed DEA-41 forms (if applicable)
6. Completed DEA-106 forms (if applicable)
7. Policies and Procedures related to pharmacy operations
8. Controlled substance records
9. Monthly pharmacist consultant audit/inspection reports

Ambulatory Surgical Center or Recovery Center Information	
Date Completed:	
ASC or RC Name:	
ASC or RC Address:	
ASC or RC Telephone #:	
ASC or RC License #:	
ASC or RC Email:	
ASC or RC Fax #:	
Consultant Pharmacist Name:	
Consultant Pharmacist License #:	
Consultant Pharmacist Start Date:	

Consultant Information				
Citation	**Question**	**Yes**	**No**	**NA**
NAC 639.466	Pharmacist Consultant current contract verified?			
NAC 639.150	Pharmacist Consultant current registration posted?			

Operations				
Citation	**Question**	**Yes**	**No**	**NA**
NAC 639.4996	P&P established for pharmacy operations?			
NAC 639.4996	Were P&P's reviewed within the last 12 months			
	Date of most recent review of P&P's _____			
NAC 639.4998	Documentation of monthly visit by pharmacy consultant is available for review?			
	Date of most recent monthly visit by consultant _____			

Records				
Citation	**Question**	**Yes**	**No**	**NA**
NAC 639.4996	Is a perpetual inventory maintained for all scheduled medications?			
NAC 639.482	Are all records maintained for a minimum of 2 years?			
NRS 453.251 21 CFR 1305.13 NAC 639.487	Are Schedule II order forms (DEA-222 or CSOS) properly completed?			
	Does the facility participate in the Controlled Substance Ordering System (CSOS). 21 CFR 1305.21-29			
	Does the facility print the completed CSOS document and attach to the invoice from the wholesaler?			
	Are all invoices signed by a pharmacist or other licensed personnel upon delivery to acknowledge the drugs listed on the invoice were physically received by the facility?			
NRS 453.246 NAC 639.487	Enter the date of the most recent biennial controlled substance inventory: _____			
21 CFR 1304.11	Is the documentation of the biennial inventory complete? (signed, dated, and time inventory completed listed on form)			
NAC 639.489(1)	Are Schedule II invoices filed separately? 21 CFR 1304.04(f)(1)			
	Are Schedule III-V invoices filed separately? 21 CFR 1304.04(f)(1)			
NRS 453.568 NAC 639.487	Was a report of Theft/Loss of controlled substances completed and submitted to the NVBOP, for any loss of controlled substances since the previous NVBOP inspection?			
	If yes, was the report filed within 10 days?			
NAC 639.4998	Has there been a discrepancy of 5% or more in quantities of controlled substances in possession versus the amount that should be in possession since the previous NVBOP inspection?			
	If yes, was a report filed within 5 business days to the NVBOP?			

	If yes, was a DEA-106 form completed?			
NAC 639.486	Controlled substance records from inventory are maintained ☐ Electronic ☐ Handwritten			
	Does the controlled substance record contain the following:			
	Name of patient			
	Name/dosage form/strength of controlled substance			
	Date/time administered			
	Quantity administered			
	Signature/Initials of person administering			
	Record of waste/co-signed by another person			
	Record filed separate from patient chart			

Medications				
Citation	**Question**	**Yes**	**No**	**NA**
NAC 639.469	Medication storage areas clean and sanitary?			
NAC 639.470	Medications stored with proper security?			
NAC 639.469 NAC 449.9905	Controlled Substances stored in double locked storage area.			
NAC 449.9905	Refrigerated medications stored in a locked medication refrigerator or refrigerator in locked room.			
NAC 639.469	Daily refrigerator temperature record maintained?			
NAC 639.4998	Multi-Dose vials are stored for a maximum of 28 days after initial opening? Initial date of penetration or discard date must be written on the vial.			
NAC 639.4998	Drugs which are in vials designated by the manufacturer for a single use are only used on a single patient and any remaining medication in those vials are discarded after use?"			

Notes

Your location will be inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action will be sent to the email you indicate below. **All unsatisfactory conditions must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business. Please attach a copy of any documentation and corrective action you have taken to this inspection form for future review on inspection.**

Date:	

Pharmacist Printed Name:	
Pharmacist Signature:	
Email address for correspondence:	