

FRESNO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
PHARMACEUTICAL INSPECTION FORM FOR DISPENSING CLINICS

1	Prescription written and signed by physician with complete information	Yes / No
	Comments: _____	
2	Prescription labels applied with correct information	Yes / No
	Comments: _____	
3	Medications dispensed documented on log sheet	Yes / No
	Comments: _____	
4	Medications received documented on log sheet	Yes / No
	Comments: _____	
5	Medication information sheet given to consumer	Yes / No
	Comments: _____	
6	Expired medications removed and documented	Yes / No
	Comments: _____	
7	Has any repackaging occurred	Yes / No
	Comments: _____	
8	Medications are adequately secured to prevent theft/pilferage and access by non-authorized persons	Yes / No
	Comments: _____	
9	Drug storage areas are clean and medications are stored in an orderly manner	Yes / No
	Comments: _____	
10	Any medication errors or discrepancies	Yes / No
	Comments: _____	
11	Refrigerated drugs are stored between 36 and 46 degrees F	Yes / No
	Comments: _____	
12	Open multi dose vials are dated (max 2 months use)	Yes / No
	Comments: _____	
13	Poison control center phone no and drug references available/posted	Yes / No
	Comments: _____	
14	Overall Rating:	
	Good	Fair
		Needs Improvement

_____ Pharmacist Signature	_____ Date
_____ Nurse Signature	_____ Date