

Site Inspection Check List for:

Pharmacy Suite - OAR 333-535-0170

| PR# | Date: | Inspector: | | |
|-----------------------------|----------------------------------|-------------------|------------------------|--|
| Provider: | | | | |
| Project: | | | | |
| Address: | | | | |
| Present at Site Inspection: | | | | |
| | | | | |
| Intended (| Occupancy Date: | | | |
| Required | PRIOR to Approved Inspection: | | RECEIVED? YES NO NA | |
| Certificate | of Occupancy (CO) from gover | ning jurisdiction | | |
| MEP Clos | e-Out verification (if required) | | | |

SITE INSPECTION:

INTERIOR = Verify that the facility has installed: **PHARMACY SUITE**:

| YES | NO | NA | The size and type of services to be provided in the pharmacy will depend upon the type of hospital and whether the hospital proposes to provide, purchase, or share pharmacy services with other hospitals or other medical facilities. 333-535-0170 (1) |
|-----|----|----|--|
| | | | Provisions shall be made for the following functional areas: 333-535-0170 (2) Handwashing stations shall be provided within each separate room where open medication is prepared for administration. 333-535-0170 (2)(a) |
| | | | Dispensing area 333-535-0170 (2)(b) |

| | Editing or order review area 333-535-0170(2)(c) |
|--|--|
| | Sterile products area (For the compounding of IV admixtures and other sterile products. May also be used for extemporaneous compounding.) 333-535-0170 (2)(d) |
| | If intravenous (IV) solutions are prepared in the pharmacy: A sterile work area with laminar-flow workstation designed for product protection shall be provided. See OAR 333-535-0300. 333-535-0170 (2)(d) |
| | Administrative Areas: 333-535-0170(2)(e) Office area for the chief pharmacist and any other offices required for the proper maintenance of records Office for Purchasing |
| | Accounting Personnel activities |
| | Storage Areas: 333-535-0170 (2)(f) Bulk Active Refrigeration Vault Volatile Liquids |
| | Drug Information Area. 333-535-0170 (2)(g) |
| | Packaging Area (Provided only if required by program) 333-535-0170 (2)(h) |
| | Bulk Compounding area (Provided only if required by program) 333-535-0170 (2)(i) |
| | Quality Control Area (required only if either packaging or bulk compounding area are provided.) 333-535-0170 (2)(j) |
| | Pharmacy suite shall be in conformance with statutes and administrative rules pertaining to the State Board of Pharmacy. 333-535-0170 (3) |