



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11927 • Columbia • SC 29211-1927

Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596

llr.sc.gov/bop

EMS NON-DISPENSING DRUG OUTLET FACILITY SELF-INSPECTION REPORT

Permit Name: _____ Permit No.: _____

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, 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40-43-86(A)(16)(c)	Outdated, damaged, unlabeled drugs removed from active stock						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, compounding and distribution readily available						
40-43-86(C)(1)(b)	Record-keeping system for purchase, sale, 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40-43-86(C)(1)(c)	P&Ps for recalls and removal of outdated and adulterated drugs readily available						
40-43-86(C)(1)(d)	All employees related to procurement, compounding, sale, distribution 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.

I certify that the above information is correct and true to the best of my knowledge. Submission of this completed inspection report is to 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

Phone Number

License Type: MMD MDO RPH

License No.: _____ Date: _____