PHARMACY DEPARTMENT
NAVAL HOSPITAL LEMOORE
UNIT/CLINIC INSPECTION

Unit/Clinic: _____ Date: _____

DISCREPANCIES FROM LAST MONTH ARE INDICATED BY (X) IN THE FIRST COLUMN

	CRITERIA	YES	NO	N/A
	A. GENERAL APPEARANCE SATISFACTORY			
	B. MEDS STORAGE AREA OR CART SECURED IF NOT IN USE			
	C. NO EXPIRED MEDICATIONS			
	D. ALL MEDICATIONS PROPERLY LABELED			
	E. INTERNAL AND EXTERNAL MEDICATIONS SEPARATED			
	F. DATE AND STRENGTH OF RECONSTITUTED MEDS ON BOTTLE			
	G. ALL REFRIGERATED ITEMS STORED IN REFRIGERATOR			
	H. REFRIGERATOR TEMPERATURE IN RANGE (2-8° C OR 36-46° F)			
	I. MEDS IN SEPARATE COMPARTMENTS WITHIN THE FRIDGE			
	J. MEDS REQUIRING SPECIAL STORAGE PROPERLY STORED			
	K. EMERGENCY DRUGS IN DATE, SUFFICIENT AND SEALED			
	L. NARCOTIC AND CONTROLLED DRUGS ARE PROPERLY STORED			
	M. STOCK LEVELS OF MEDICATIONS REASONABLE			
	N. APOTHECARY-METRIC CONVERSION CHART AVAILABLE			
	O. FORMULARY AND DRUG REFERENCE BOOKS AVAILABLE			
	P. POISON CONTROL CENTER TELEPHONE NUMBER ON CLINIC			

BRIEF DESCRIPTION OF DISCREPANCIES (BY LETTER) AND ACTION TAKEN TO CORRECT THEM:

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_____ _____
INSPECTED BY UNIT/CLINIC SUPERVISOR

_____ _____
REVIEWED BY (UNIT/CLINIC INSPECTION COORDINATOR) DATE REVIEWED

_____ _____
REVIEWED BY (RPH) DATE REVIEWED

NAVHOSPLEM Form 6710/7 (Rev 04/04)