



MARYLAND Department of Health

Wes Moore, Governor • Aruna Miller, Lt. Governor • Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Jennifer L. Hardesty, Board President • Deena Speights-Napata, Executive Director

WHOLESALE DISTRIBUTOR CLOSING INSPECTION FORM

1. PERMIT HOLDER INFORMATION

Corporate Wholesale Distributor Name _____

Wholesale Distributor Name-Doing Business as (d/b/a) or Trade Name _____

Street Address _____

Business Telephone Number _____ Business Fax Number _____

Inspection Date: _____ Arrival Time _____ Departure Time _____

Type of Inspection: Annual Follow-up Previous Date: _____

Name of Inspector: _____

Maryland Permit Number _____ Exp. _____ Maryland

CDS Registration Number _____ Exp. _____

DEA Registration Number _____ Exp. _____

2. INFORMATION INCLUDED IN NOTIFICATION OF CLOSING: COMAR 10.34.22.10

Yes No A. Board of Pharmacy was notified at least 30 days prior to anticipated cease to operate date.

3. REQUIRED INFORMATION AND PROCEDURE: COMAR 10.34.22.10

Yes No A. Drug and device suppliers notified at least 30 days in advance of the date that wholesale distributor will cease to operate.

Yes No B. Manufacturers, wholesale distributors, licensed pharmacies, and authorized prescribers that receive prescription drugs and devices from the wholesale distributor are notified at least 30 days in advance of the date that the wholesale distributor will cease to operate.

4. INFORMATION & DOCUMENTATION DUE AT CLOSING: COMAR 10.34.22.10

Yes No A. Exact date wholesale distributor cease to operate. _____ B.

Yes No Copy of closing inventory of prescription drugs or devices disposed of, transferred, or returned are provided.

Yes No C. Maryland Permit returned.

Yes No D. Maryland CDS Registration returned.

Yes No E. Name, address, telephone number, and DEA Registration number of persons or business entity to whom prescription drugs were returned or transferred.

Name _____

Pharmacy Permit # _____

Address _____

CDS Registration # _____

Phone Number _____

DEA Registration # _____

- No** F. If prescription drugs or devices are destroyed pursuant to this regulation, provide a letter, signed under oath by the wholesale distributor stating: the date, place, and manner in which the prescription drugs or devices were destroyed; name, address, telephone number of the persons responsible for destroying; name, dosage unit, and quantity of each type of prescription drug or device destroyed
- Yes No** G. If any pedigree or other documents are transferred, provide a letter, signed under oath by the wholesale distributor stating: the date, time, place to which and manner in which the pedigree or other documents were transferred; the names addresses, and telephone numbers of the persons responsible for transferring the pedigrees or other documents.

5. ADDITIONAL INFORMATION OR COMMENTS:

Name of Permit Holder or Designated Representative _____

Signature of Permit Holder or Designated Representative _____

Name of Inspector _____

Signature of Inspector _____

Date of closing inspection _____