



# MARYLAND Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Robert R. Neall, Secretary

## MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Kevin M. Morgan, Board President • Deena Speights-Napata, Executive Director

### CLOSING INSPECTION REPORT

Corporate Pharmacy Name \_\_\_\_\_  
Pharmacy Name-Doing Business as (d/b/a) or Trade Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_  
Inspection Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_  
Previous Date: \_\_\_\_\_  
Name of Inspector: \_\_\_\_\_

Maryland Pharmacy Permit Number \_\_\_\_\_ Exp. \_\_\_\_\_  
Maryland CDS Registration Number \_\_\_\_\_ Exp. \_\_\_\_\_  
DEA Registration Number \_\_\_\_\_ Exp. \_\_\_\_\_

#### 1. INFORMATION INCLUDED IN NOTIFICATION OF CLOSING: COMAR 10.34.14.02

Yes No

- A. Board of Pharmacy notified at least 14 days prior to anticipated cease to operate date

#### 2. REQUIRED INFORMATION AND PROCEDURE: COMAR 10.34.14.03

- A. Permit holder shall remove or completely cover all indications that premise was a Pharmacy within 30 days after the cease to operate date
- B. Prescription drug suppliers notified prior to cease to operate date and the exact date the Location will cease to operate as a pharmacy
- C. Public notified of the cease to operate date.
- D. Public notified to which location the patients' records have been transferred, by the Date the pharmacy ceases to operate
- E. If patient records are not transferred, the permit holder has notified the public of:
  - 1. Location of the patient records
  - 2. Method by which patient records are maintained
  - 3. Procedure by which patients and other authorized individuals may access records

#### 3. INFORMATION & DOCUMENTATION DUE AT CLOSING: COMAR 10.34.14.04

- A. Exact date pharmacy cease to operate as a pharmacy \_\_\_\_\_
- B. Copy of closing CDS Inventory provided

- C. Maryland Pharmacy Permit returned
- D. Maryland CDS Registration returned
- E. DEA-222 Forms and/or Purchase Orders/Invoices used to transfer CDS after the cease to Operate date

F. 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 # _____

Name, address, telephone number, and DEA Registration number of persons or business entity to whom prescription files and records have been transferred to or maintained at

Name _____	Pharmacy Permit # _____
Address _____	CDS Registration # _____
Phone Number _____	DEA Registration # _____

**4. ADDITIONAL INFORMATION OR COMMENTS:**

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Inspector Signature \_\_\_\_\_

Pharmacist Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Receives a copy of this inspection report: \_\_\_\_\_