



# 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  
Neil Leikach, Board President • Deena Speights-Napata, Executive Director

### REPOSITORY/DROP OFF SITE INSPECTION FORM

Corporate Pharmacy Name \_\_\_\_\_  
Pharmacy or Healthcare Facility 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: \_\_\_\_\_

#### A. GENERAL INFORMATION- Drop Off Sites

Maryland Pharmacy Permit Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
CDS Registration Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
DEA Registration Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

##### 1. Yes No

Inspect for ineligible drugs including prescription drugs or medical supplies that may not be accepted by the Program, and the pharmacist or other health care provider approved by the Office of Health Care Quality inspects donated items prior to acceptance into the Program.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### 2. Yes No

The permit holder has, and is using proper forms used to donate a prescription drug or medical supply containing the following statements:

##### Yes No

- That the donor is the owner, or the owner's representative, of the prescription drug or medical supply;
- That the donor intends to voluntarily donate the prescription drug or medical supply to the Program and
- Contains the date and signature of the donor or the donor's representative.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Yes No

- The permit holder maintains a secure dropbox/sealed bag for donated medications that may only be opened by the pharmacist.**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Yes No

- The permit holder maintains records required by this Program for a minimum of 5 years including: inventory, donor forms.**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. GENERAL INFORMATION- Repository**

1. Yes No

- Inspect for ineligible drugs including prescription drugs or medical supplies that may not be accepted by the Program, and the pharmacist inspects donated items prior to acceptance into the Program.**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Yes No

- The permit holder has, and is using proper forms used to donate a prescription drug or medical supply containing the following statements:**

Yes No

- That the donor is the owner, or the owner's representative, of the prescription drug or medical supply;**
- That the donor intends to voluntarily donate the prescription drug or medical supply to the Program and**
- Contains the date and signature of the donor or the donor's representative.**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Yes No

- The pharmacist inspects all donated items to determine if the item is acceptable for re-dispensing or shall be destroyed.**

4. Yes No

- The pharmacist or technician obliterates from the labels of donated prescription drugs or medical supplies any patient specific information prior to placing into Program inventory.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Yes No

- The permit holder maintains a separate inventory for all donated Program drugs and supplies from the regular pharmacy inventory.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Yes No

- Inspect for procedure for the re-dispensing of donated prescription drugs or medical supplies in compliance with applicable federal and State laws and regulations for dispensing prescription drugs or medical supplies.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Yes No

- Inspect procedures for shipping donated prescription drugs or medical supplies to recipients of this Program.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Yes No

**There are written policies and procedures for disposing of donated prescription drugs or medical supplies that do not meet the requirements of Regulation .02 of this chapter in compliance with applicable State and federal laws and regulations for disposing of prescription drugs or medical supplies.**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Yes No

The permit holder maintains records required by this Program for a minimum of 5 years including: inventory, donor forms, dispensing records, destruction information.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Yes no

**Are separate inventories being maintained?**

**Inspectors Comments:**

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

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

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