



# Idaho State Board of Pharmacy

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## NON-PHARMACY DRUG OUTLET SURVEY FORM

BUSINESS NAME:	LICENSE #:
ADDRESS:	PHONE:
OWNER/MANAGER:	

### SURVEY AREA

SURVEY AREA		C	NC	NA
<b>Drug Storage Area</b>				
	Temperature acceptable			
	Product protected from light and heat			
	Clean and organized			
<b>Drug Stock</b>				
	Products in date			
	Products sealed and properly labeled			
	All items within license authority (no legend drugs)			
	Recalled or discontinued products on hand			
<b>Registration</b>				
	Current			

C = COMPLIANT    NC = NOT COMPLIANT    NA = NOT APPLICABLE

Wholesaler: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

COMMENTS/CORRECTIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLIANCE OFFICER:	DATE:
PERSON INTERVIEWED:	