



South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

PO Box 11927
Columbia, SC 29211

Non-Dispensing Drug Outlet
EMS Facility
Self- Inspection Report

FOR OFFICE USE ONLY:

Table with 2 columns: Field (Date Received, Reviewed by RPh, Date Approved) and empty space for input.

Permit Name: _____ Permit Number: _____

Address: _____

City/State/Zip: _____ Phone: _____

Inspection checklist table with columns: Section, Description, S, I, U, N/A. Rows include items like 'Permit displayed', 'Sufficient space for safe & proper storage', etc.

This must be completed by the Medical Director or Consultant Pharmacist and returned to the Board of Pharmacy Office within thirty (30) days.

I certify that the above information is correct and true to the best of my knowledge. Submission of this completed inspection report is to certify that this facility is in compliance with all SC Board of Pharmacy statutes and regulations.

Signature of Permit Holder: _____ Date: _____

Signature of Medical Director or Consultant Pharmacist: _____

License Number: _____ Date: _____