

## Demographics Report

### INSTRUCTIONS:

*Note: To limit count errors, complete this report before opening or after closing the pharmacy.*

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Fill in the blank fields based on general postings and credentials (license, registrations, hours of operation et al) posted in your pharmacy. In doing so, be sure to print legibly or type fill the information using your preferred computer software. List all pharmacy staff members' names, roles, and registration numbers, starting with the pharmacist-in-charge. Please note, certificate of occupancy does not have an expiration date.

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In the top chart, list all additional pharmacy staff members' names, roles, and registration numbers (when applicable). In the next section, record the full name, address, phone, fax, and email of the pharmacy's owner, direct corporate manager, or supervisor. In the vendors' section, list primary, secondary and tertiary wholesalers name, as well as your reverse distributors.

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Record the past biennial date in the top left field. **Note, the biennial inventory used should have been completed 6 to 23 months prior to completing this audit.** In the top right field, record the full name of the person that completed the biennial inventory. The person listed should match the name listed on the biennial used to complete this audit. Directly beneath, complete number 1 by listing the audit date range as the date of the biennial inventory and the date of completing this report and count, respectively.

The drugs listed under are the medication name and strength column constitute the drugs within scope for this audit. Under the biennial inventory column, transcribe the total amount/s for each corresponding controlled substance listed in the adjacent column. Then, complete a physical on-hand count for each corresponding medication listed and record the amount under the right inventory on hand column. Be advised, multiple NDCs for both the biennial inventory and inventory on-hand counts may be listed as a cumulative total.

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Concerning only drugs within scope, listed on prior page 5 of this report, list all returns executed within the ascribed date range. Be sure to list the date the return/s were shipped, the DEA number, invoice, name, and the strength of the drug and the quantity.

Print name, sign and date the demographic form and return back to the issuing inspector via email, along with the biennial inventory used to complete.

## Demographics Report

Date:

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Pharmacy  
Name

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Address

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Hours of operation:

Monday-Friday	Saturday	Sunday	Holiday

Phone:

Fax:

Email:

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License Number

Expiration Date

Pharmacy Registration:

*Ex. RX1234567*

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Controlled Substance

*Ex. CP1234567*

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DEA Registration:

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Certificate of Occupancy

*Ex. CO1234567*

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Pharmacy Staff (provide a list of all staff working in the pharmacy, beginning with the Pharmacist-In-Charge. If space provided is not enough, attach additional information to this document)

<u>Name</u>	<u>Job Title</u>	<u>License#</u> (if applicable)	<u>Expiration</u> <u>Date</u>
	Pharmacist-in-Charge		

## Demographics Report


Name: *District Mgr./*  
*Corp. Supervisor*

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Address:

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Phone:

Fax:

Email:

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Vendors:	<u>Name</u>	<u>DC License</u> <u>Number</u>	<u>DC Controlled</u> <u>Substance</u> <u>Number</u>	<u>DEA Registration</u> <u>Number</u>	<u>DEA</u> <u>Registration</u> <u>Expiration</u> <u>Date</u>
Wholesale/Distributor #1	<i>DM#####</i>				
Wholesale/Distributor #2	<i>DM#####</i>				
Wholesale/Distributor #3	<i>DM#####</i>				
Reverse Distributor	<i>DM#####</i>				



## Demographics Report

### Controlled Substances Audit

Biennial Inventory Date: \_\_\_\_\_ *MM/DD/YY* Conducted by: \_\_\_\_\_ *Full Name*

1. Provide a detailed computer printout of dispensing activity (date/RX#/quantity/patient/prescriber/etc.), **by drug**, for all controlled substances listed below, from: \_\_\_\_\_ to \_\_\_\_\_.
2. Conduct physical inventory (*amount on-hand*) of the Controlled Substances listed below:

Medication Name and Strength	Biennial Inventory	Inventory on Hand
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

- *Attention, please enter the on-hand values noted above into the electronic inventory management tool, (e.g. **RF unit, Telxon et al**), at the time of inspection.*
- *B + G = Brand and generic.*

## Demographics Report

**CS Returns (within current audit period):**

Shipping Date:	DEA222#’s:	Focus drug	Quantity:
Shipping Date	DEA222#’s:	Focus drug	Quantity:
Shipping Date:	DEA222#’s:	Focus drug	Quantity:
Shipping Date:	DEA222#’s:	Focus drug	Quantity:

Provide a record of ALL the **expired/damaged CS medications** currently on hand.

	Medication Name & Strength	Quantity
1	<i>Vyvanse 40MG CAP</i>	###
2		
3		
4		
5		
6		
7		
8		
9		

*I understand that I am to submit this information, within 72 hours, upon receipt of this request, to the attention of **Inspector** \_\_\_\_\_. Failure to timely submit the requested documentation may result in action/s being taking against licenses and registrations.*

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_