

Pharmacy Mobile Inspection Form

The State of Connecticut Drug Control Division is utilizing all-inclusive mobile inspection forms that encompass multiple inspection types and business models. Inspection sections and/or inspection fields may intentionally remain blank when such sections and/or fields do not apply to the inspection type and/or business model for which the mobile inspection forms are being utilized. Please contact the Drug Control Agent who conducted your inspection if you feel an inspection section and/or inspection field was inadvertently left blank.

Prescription Balance Inspection Form

Prescription Balance Information

	Balance 1	Balance 2	Balance 3
Manufacturer's Name:			
Model Number:			
Serial Number:			

General Question(s)	Yes	No	Advised
Is each prescription balance clean and in good working order? [Section 20-576-12]			

Additional Comments	Yes	No
Does the inspecting agent have any additional comments with respect to this pharmacy inspection?		