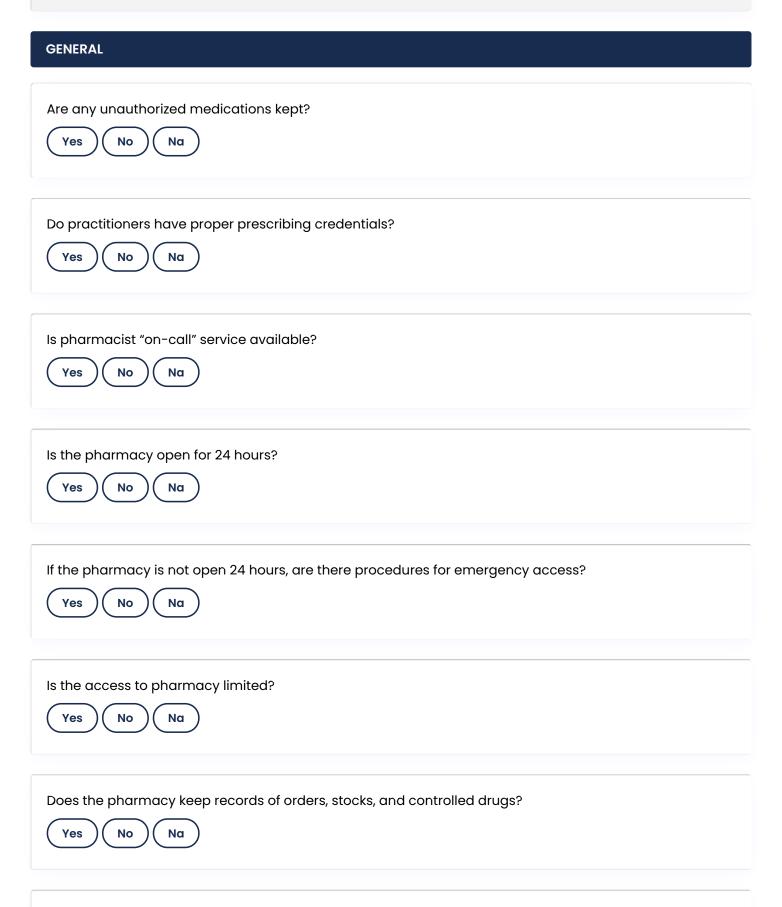
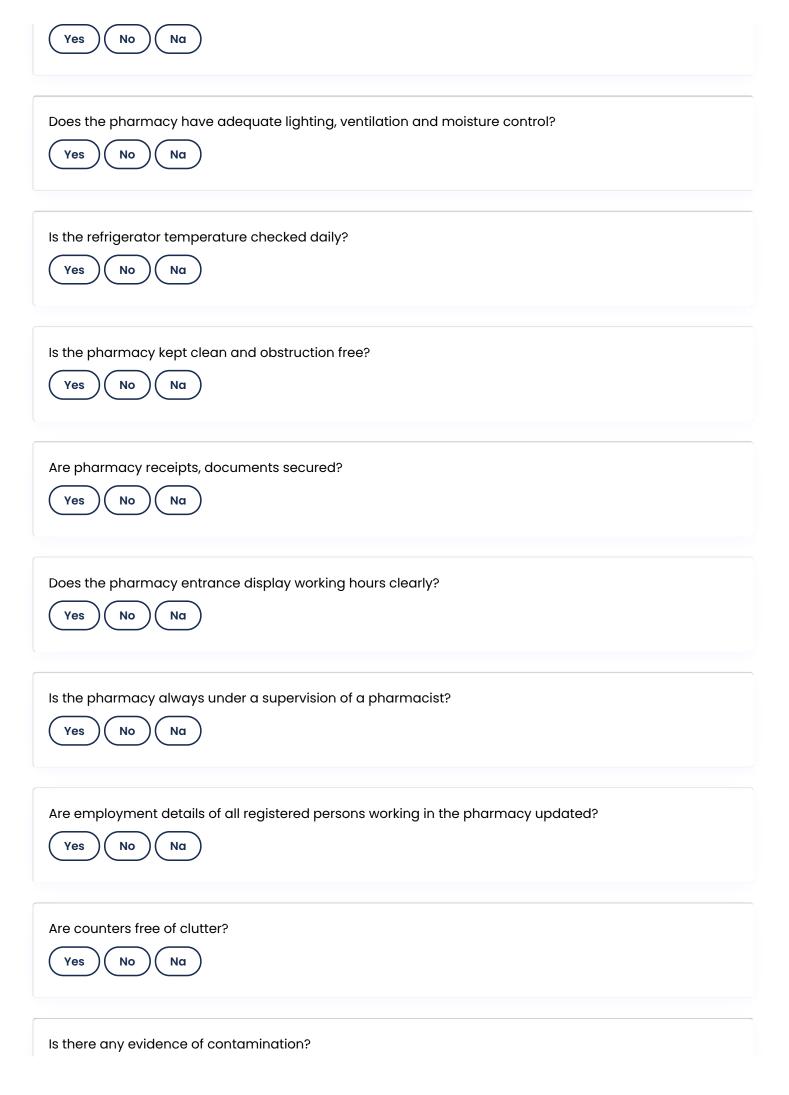
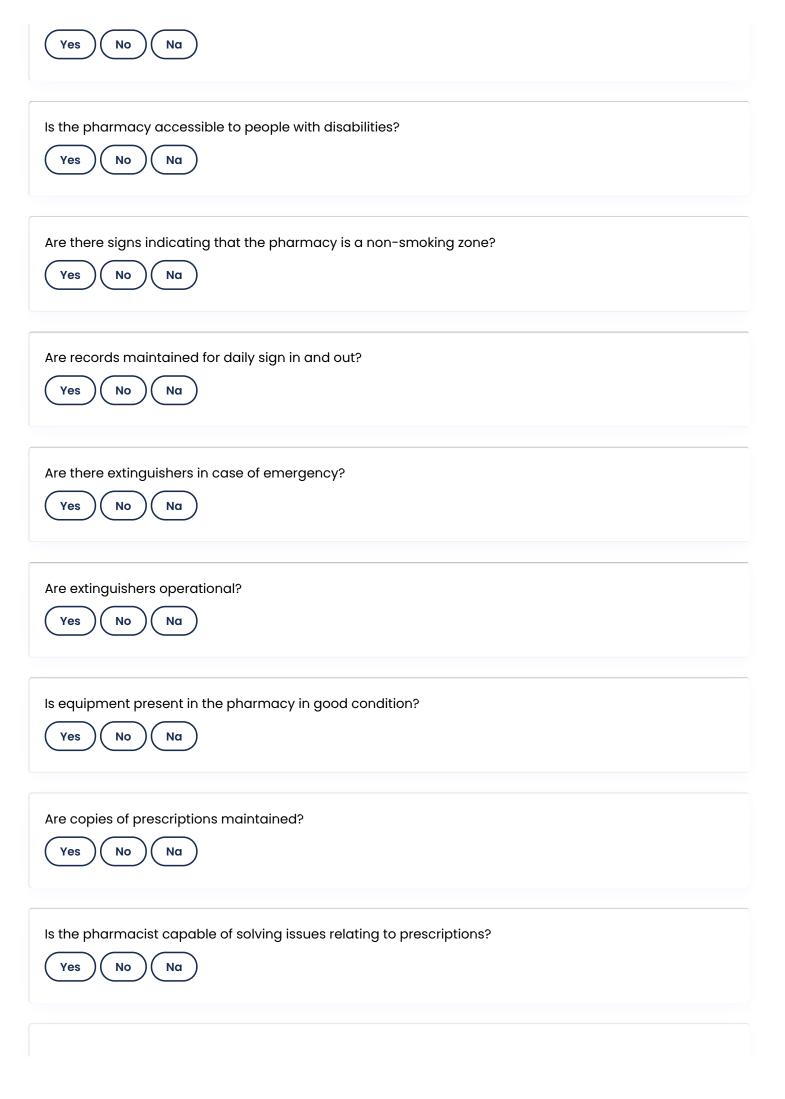
## **Pre-Inspection For Operating Room**

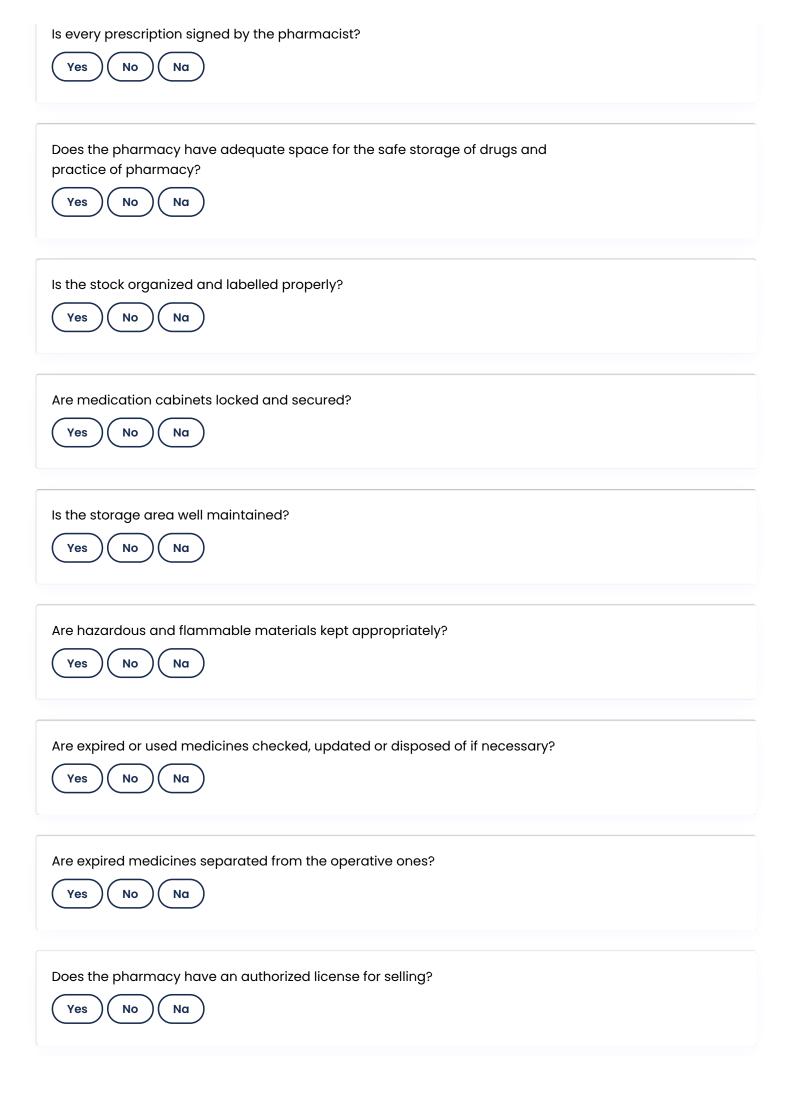
## **Health Services**



Does the pharmacy has written policies and procedures?







License/Registration number:  Yes No Na	
Comments:	
Images	UPLOAD
Images	UPLOAD
Images	UPLOAD
Pharmacist/Supervisor Signature:	SIGNATURE
Inspectors Name/signature:	SIGNATURE
Inspection Date:	DATE
2017-01-01	