

## Staffing Requests or Concerns

Pursuant to [18VAC110-20-113](#), staffing requests or concerns shall be communicated by the PIC or pharmacist on duty to the permit holder using this form. Under no circumstances shall a good faith report of staffing concerns by the PIC, pharmacist on duty, or notification of such issues by pharmacy personnel to the PIC or pharmacist on duty result in workplace discipline against the reporting staff member.

Permit holders shall review completed staffing reports, respond to reporting staff member to acknowledge receipt of the staffing request or concern, resolve any issues listed in a timely manner to ensure a safe working environment for pharmacy staff and appropriate medication access for patients, document, and inform reporting pharmacist of corrective action taken, steps taken toward corrective action, or justification for inaction.

**Provide form to immediate supervisor of PIC or pharmacist on duty. Maintain copy of form and any relevant attachments in pharmacy for three years and produce for inspection by board.**

Name of Pharmacy		Permit Number	
Street Address		Area Code and Telephone Number	
City	State	Zip Code	
Name of Reporting Pharmacist (Type or Print)		Date	
Summary of Staffing Request and/or Reporting of Staffing Concern, Include Date and Time of Relevant Concern ( <i>Provide attachment if extra space needed.</i> )			
Corrective action taken, steps taken toward corrective action, or justification for inaction to be documented by permit holder ( <i>Provide attachment if extra space needed.</i> )			