



Audit exit interview form

Pharmacy name: _____

Pharmacy address: _____

Date: _____ Time entered: _____

Auditor's name: _____

Was auditor provided all information requested: Y N

If "no," what information was NOT provided:

How was request made to pharmacy:

Did pharmacy request extra time to find documentation: Y N

If "yes," why didn't the auditor grant extra time?

Did auditor inform pharmacy of time of exit from audit: Y N

Did auditor leave pharmacy before receiving all documentation: Y N

Auditor's printed name: _____

Auditor's signature: _____