



PA State Board of Pharmacy
 PO Box 2649
 Harrisburg, PA, 17105-2649
 Phone: 833-367-2762 Fax: 717-787-7769

FACILITY

BOOTHWYN PHARMACY
 221 GALE LANE
 KENNETT SQUARE, PA, 19348
 Phone: 610-485-1130
 Owner:

LICENSE

License No: AA0006702879 (PP410228L)
 Profession: Pharmacy
 License Type: Pharmacy
 Inspection Type: New Business
 Inspection Date: 12/19/2025
 Inspection Result: Passed

Remarks:

Question

Answer

Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statutes and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO



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The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

[Redacted Signature]

Signature of Inspector

12/19/2025 10:43:12 AM

Date/Time

[Redacted Signature]

Signature of Owner/Representative