



CONNECTICUT DEPARTMENT OF  
**CONSUMER PROTECTION**  
DRUG CONTROL DIVISION

Wholesaler of Drugs, Medical Devices, and/or Cosmetics Inspection  
Summary

Inspection Date

Inspection Number

Inspection Type

Wholesaler's Credential Name

Wholesaler's Credential Address 1

Wholesaler's Credential Address 2

Wholesaler's City/Town

Wholesaler's State

Wholesaler's ZIP Code

Wholesaler's Telephone  
Number

Wholesaler's Fax  
Number

Wholesaler's Email  
Address

Wholesaler's CSW  
Credential Number

Wholesaler's CSW  
Credential Effective  
Date

Wholesaler's CSW  
Credential Expiration  
Date

Inspecting Agent's Signature

Wholesaler Representative's  
Signature

Inspecting Agent's Typed Name

Wholesaler Representative's Typed  
Name

Date and Time of Inspecting Agent's  
Signature

Date and Time of Wholesaler  
Representative's Signature

Inspecting Agent's Email Address

