



Pre-Opening / Relocation / Renovation Evaluation Checklist

Pharmacy Name:

Permit Number:

Pharmacy Address:

Pharmacy Phone:

Pharmacy Fax:

Pharmacy Manager:

Field Officer:

Proposed Opening Date:

Date:

S = Satisfactory U = Unsatisfactory		
1. Dispensary:	S	U
Accessible to the public in person and by phone		
Entrance limited to authorized personnel only (with an applicable locking mechanism for all gates etc.)		
<i>Adequate security of all drugs maintained at all times</i>		
Well lit, clean, and orderly		
Pharmacist on duty at all times that the pharmacy is open to the public		
Customer waiting area available		
Dispensary or Prescription sign clearly identifying dispensary		
Not less than 100 square feet		
Not less than 20 square feet of working area for compounding/dispensing		
Adequate storage and shelf space		
Temperature controlled-suitable to store drugs		
Stocked with drugs, chemicals, and related supplies adequate to provide services		
Working computer and printer		
Working refrigerator in dispensary (for medication only, no food/drink storage, water bottles acceptable)		
Refrigerators meets guidelines for vaccine/temperature sensitive storage		

Sink with hot and cold running water and sewage disposal <i>*if Level B, dispensary sink is needed*</i>		
Waste disposal container (and/or shredder)		
Method to ensure confidential information is protected while stored or destroyed		
Bottles, caps, droppers, ointment jars, distilled/de-ionized water		
Tablet vials, including safety vials		
Suitable and adequate prescription labels		
Filing system and record keeping system		
Fax machine in Pharmacy area to ensure patient confidentiality		
Code of Ethics is displayed and visible		
Comments:		
2. Private Patient Care Area:	S	U
Meets the guidelines		
Adjacent to the dispensary		
Maintains the patient's privacy		
Allows 3 people to be comfortably seated and is wheelchair accessible		
Functioning sink with hot and cold running water		
Can be viewed from the dispensary to ensure pharmacist and patient safety and privacy		
Comments:		
3. Patient Profiles must include: (Fax de-identified profile to SCPP)	S	U
Name		

Address		
Date of Birth		
Health Services Registration Number		
Allergies and Special Information		
Date		
Prescription Number		
Identification of the Prescriber		
Identification of the Pharmacist		
Name and Strength of Medication		
Quantity		
Directions		
Repeat Identification		
Comments:		
4. Prescription Label Information must include: (Fax de-identified prescription label to S CPP)	S	U
Name of Patient		
Name of Prescriber		
Prescription Number		
Date Prescription was Filled		
Name of Drug		
Directions for Use		
Name, Street Address (including Postal Code) and Phone Number of the Pharmacy (including Area Code)		
A Pharmacy Label is Attached		

Comments:		
5. Delineation of the Pharmacy for the Remainder of the Premises:	S	U
PSA sign at boundary		
All schedule III products within auditory and visual control of the pharmacist (shelving height allows line of sight for pharmacy staff)		
Clean and orderly, well lit		
Delineation method		
Inclusion of appropriate products only		
Exclusions		
Descriptions – bulkhead and shelving, PSA at boundary		
<i>Outside sign indicating Pharmacy on premises</i>		
<i>Hours of operation are posted in public view (interior & exterior)</i>		
Comments:		
6. Exempted Codeine Products:	S	U
Stock and sell 50 tabs & 100ml sizes only		
Not displayed to the public		
Comments:		
7. Schedule II Products	S	U
No public access		

Comments:		
Schedule III Products	S	U
Located within the PSA area		
Comments:		
9. Reference Library Requirements [see Bylaw Part J, 1]:	S	U
Current copy of Acts, Regulations, Bylaws, Guidelines and Policies (SCPP)		
Current Edition of the CPS		
Drug Interaction Reference		
Non-Prescription Medication/Therapy Guide		
Drug Therapy Text		
Two (2) Professional Journals		
Pregnancy and Lactation Reference		
Natural Products Reference		
Natural Products Reference		
Medical Dictionary		
Please see bylaw for optional references		
Comments:		
10. Lock and Leave Installation (if applicable):	S	U
No drugs may be sold/offered for sale		
Wall/barrier at least 6 feet high surrounding the dispensary or alternative		

Non-permanent barriers completely securing public access pharmacy-only products		
Comments:		
11. Security:	S	U
Narcotic and Controlled Drugs are adequately secured (indicate type of storage)		
Keys/Security codes are limited to pharmacist/pharmacy employees		
Comments:		
12. Staffing	S	U
<i>There is adequate staffing for hours of operation and proposed services</i>		
All staff have an appropriate name tag with designation (e.g., "Pharmacist" or "Pharmacy Assistant")		
Comments:		
13. Special Services Provided:	S	U
Diabetic Supplies		
Compliance Packaging/Controlled Drug Unit Packaging (Long-Term Care)		
Ostomy/Surgical Supplies		
Prescription Disposal Services		
Specialty Compounding		
Methadone		
Other		

Comments:

Pharmacy Staff and Member # - Indicate if full-time (F/T) or part-time (P/T)

Pharmacists	Pharmacy Technicians	Pharmacy Assistants
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Hours per week pharmacy is open:

ADDITIONAL COMMENTS AND RECOMMENDATIONS FOR CLARIFICATION AND ACTION:

All deficiencies must be addressed by:

I _____, the undersigned manager
(please print)

of this pharmacy, have been present during the course of this inspection and understand the observations recorded herein.

I agree to correct any deficiencies, and where necessary, provide verification of such action.

Signature of Pharmacy Manager

Date