## **Arline Health Screening Checklist**

**Health Services** 

## GENERAL

Do practitioners have proper prescribing credentials?



Is pharmacist "on-call" service available?



Is the pharmacy open for 24 hours?



If the pharmacy is not open 24 hours, are there procedures for emergency access?



Is the access to pharmacy limited?



Does the pharmacy keep records of orders, stocks, and controlled drugs?



Does the pharmacy has written policies and procedures?

Yes No Na

Does the pharmacy have adequate lighting, ventilation and moisture control?

Yes No Na
Is the refrigerator temperature checked daily?
Is the pharmacy kept clean and obstruction free?
Are pharmacy receipts, documents secured?
Does the pharmacy entrance display working hours clearly?
Is the pharmacy always under a supervision of a pharmacist?
Are employment details of all registered persons working in the pharmacy updated?
Are counters free of clutter?
Is there any evidence of contamination? Yes No Na

Is the pharmacy accessible to people with disabilities?

Yes No Na
Are there signs indicating that the pharmacy is a non-smoking zone?
Are records maintained for daily sign in and out?
Are there extinguishers in case of emergency?
Are extinguishers operational? Yes No Na
Is equipment present in the pharmacy in good condition?
Are copies of prescriptions maintained? Yes No Na
Is the pharmacist capable of solving issues relating to prescriptions?
Is every prescription signed by the pharmacist?

Does the pharmacy have adequate space for the safe storage of drugs and practice of pharmacy? Yes No Na
Is the stock organized and labelled properly?
Are medication cabinets locked and secured?
Are any unauthorized medications kept?
Is the storage area well maintained? Yes No Na
Are hazardous and flammable materials kept appropriately?
Are expired or used medicines checked, updated or disposed of if necessary?
Are expired medicines separated from the operative ones?
Does the pharmacy have an authorized license for selling?

License/Registration number:	
Comments:	
Images	UPLOAD
Images	UPLOAD
Images	UPLOAD
Pharmacist/Supervisor Signature:	SIGNATURE
Inspectors Name/signature:	SIGNATURE
Inspection Date:	DATE
2017-01-01	