

Bathroom Inspection

Health Services

GENERAL

Inspectors Name/signature:

SIGNATURE

Inspection Date:

DATE

2017-01-01

Is the storage area well maintained?

Yes

No

Na

Is the pharmacy open for 24 hours?

Yes

No

Na

Do practitioners have proper prescribing credentials?

Yes

No

Na

Is pharmacist "on-call" service available?

Yes

No

Na

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

Yes

No

Na

Is the access to pharmacy limited?

☐ Yes☐ No☐ Na

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

☐ Yes☐ No☐ Na

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?

☐ Yes☐ No☐ Na

Is the pharmacy kept clean and obstruction free?

☐ Yes☐ No☐ Na

Are pharmacy receipts, documents secured?

☐ Yes☐ No☐ Na

Does the pharmacy entrance display working hours clearly?

☐ Yes☐ No☐ Na

Is the pharmacy always under a supervision of a pharmacist?

☐ Yes☐ No☐ Na

Are employment details of all registered persons working in the pharmacy updated?

☐ Yes☐ No☐ Na

Are counters free of clutter?

☐ Yes☐ No☐ Na

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?

☐ Yes☐ No☐ Na

Are records maintained for daily sign in and out?

☐ Yes☐ No☐ Na

Are there extinguishers in case of emergency?

☐ Yes☐ No☐ Na

Are extinguishers operational?

☐ Yes☐ No☐ Na

Is equipment present in the pharmacy in good condition?

☐ Yes☐ No☐ Na

Are copies of prescriptions maintained?

Yes

No

Na

Is the pharmacist capable of solving issues relating to prescriptions?

Yes

No

Na

Is every prescription signed by the pharmacist?

Yes

No

Na

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?

Yes

No

Na

Are medication cabinets locked and secured?

Yes

No

Na

Are any unauthorized medications kept?

Yes

No

Na

Are hazardous and flammable materials kept appropriately?

Yes

No

Na

Are expired or used medicines checked, updated or disposed of if necessary?

Yes

No

Na

Are expired medicines separated from the operative ones?

Yes

No

Na

Does the pharmacy have an authorized license for selling?

Yes

No

Na

License/Registration number:

Yes

No

Na

Comments:

Images

UPLOAD

Images

UPLOAD

Images

UPLOAD

Pharmacist/Supervisor Signature:

SIGNATURE