

COVID-19 Screening checklist for visitors and employees

Health Services

GENERAL

Do practitioners have proper prescribing credentials?

☐ Yes☐ No☐ Na

Is pharmacist "on-call" service available?

☐ Yes☐ No☐ Na

Is the pharmacy open for 24 hours?

☐ 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

Is the storage area well maintained?

☐ 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

Inspectors Name/signature:

SIGNATURE

Inspection Date:

DATE

2017-01-01