



## Pharmacy Inspection Checklist

This checklist outlines the requirements that must be in place for the pharmacy pre-opening inspection, relocation inspection or renovation inspection to be undertaken and approved.

**Drawings/schematics** submitted to SCPP **are to include demonstration of meeting these requirements** and **locations of items marked on the drawing** (may use a legend).

Upon completion of the inspection, the pharmacy manager must agree and certify that the requirements outlined below and pursuant to *The Pharmacy and Pharmacy Disciplines Act* and **SCPP Regulatory Bylaws**, including **Part J** and all applicable standards, guidelines and policies of SCPP have been met. As well, pictures (p), diagrams, invoices and other explanations (e) of proof of meeting requirements must be submitted.

<b>S = Satisfactory</b>	<b>U = Unsatisfactory</b>	<b>*P = Picture "p"</b>	<b>E = Explanation "e"</b>
<b>1. Dispensary:</b>			
		<b>S</b>	<b>U</b>
			<b>*P/E</b>
			p
			p
			e
			p
			e
			p
			p
			e
			e
			p
			e
			p
			e
			e
			p
			p
			p
			e
			p
			p

Comments:			
<b>2. Compounding:</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Designated area (or room) which meets the requirements for the level of compounding to be performed			e
Designated area (or room) which has physical separation from the remainder of the dispensary to reduce air turbulence and protect pharmacy staff			p
Personal protective equipment or garb is available for compounding personnel as required			p
Pharmacy has developed policies and or procedures for cleaning, personnel training, equipment maintenance, batch records			e
All compounding products/chemicals are properly labelled and MSDS sheets are available			p
Working Heat Source for compounding (for medications only, not to be used for food/drink)			p
Class A or electronic scale			p
Graduates (2)			p
Mortar and Pestle			p
One metal and one non-metal spatula			p
Stirring rod/funnel			p
Ointment slab and pad			p
Comments:			
<b>3. Private Patient Care Area</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Meets the guidelines ( <a href="#">LINK - Proposed Patient Care Area Guidelines</a> )			e
Adjacent to the dispensary			p
Maintains the patient's privacy			p
Allows 3 people to be comfortably seated and is wheelchair accessible			p
Functioning sink with hot and cold running water			p
Can be viewed from the dispensary to ensure pharmacist and patient safety and privacy			p
Comments:			

<b>4. Patient Profiles must include: (FAX de-identified profile to SCPP)</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Name			
Address			
Date of birth			
Health Services Number			
Allergies and Special Information			
Date			
Prescription Number			
Identification of the Prescriber			
Identification of the Pharmacist			
Name and strength of the medication			
Quantity			
Directions			
Repeat Identification			
Comments:			
<b>5. Prescription Label Information must include: (FAX a de-identified prescription label to SCPP)</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Name of the Patient			
Name of the Prescriber			
Prescription Number			
Date prescription was filled			
Name of the Drug			
Directions for use			
Name, Street Address (including postal code) and phone number (including area code) of the pharmacy			
A pharmacy label is attached			
Comments:			
<b>6. Delineation of the Pharmacy from the Remainder of the Premises:</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
PSA sign at boundary			p
All Schedule III products within auditory and visual control of the pharmacist (shelving height allows line of sight for pharmacy staff)			p
Clean and orderly, well lit			p
Delineation methods			p
Inclusion of appropriate products only			e
Exclusions			e
Descriptions – bulk head and shelving, PSA at boundary			e

Outside sign indicating Pharmacy on premises			p
Hours of operation are posted in public view (interior and exterior)			p
Comments:			
<b>7. Exempted Codeine Products:</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Stock and sell 50 tabs & 100ml sizes only			p
Not displayed to the public			p
Comments:			
<b>8. Schedule 2 Products:</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
No public access			p
Comments:			
<b>9. Schedule 3 Products:</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Located within the PSA area			p
Comments:			
<b>10. Reference Library Requirements (see Bylaw Part J, 1):</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Current copies of the Acts, Regulations, Bylaws, Guidelines and Policies (SCPP)			e
Current edition of the CPS			e
Drug interaction reference			e
Non-Prescription Medication/Therapy Guide			e
Drug therapy text			e
Two (2) professional journals			e
Pregnancy and lactation reference			e
Natural products reference			e
Medical dictionary			e
Please see Bylaw for optional references			e

Comments:			
<b>11. Security:</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Narcotic and Controlled Drugs are adequately secured (indicate type of storage)			e/p
Keys/Security codes are limited to pharmacists/pharmacy employees			e
Comments:			
<b>12. Staffing:</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
<b>Adequate staffing for hours of operation and proposed services</b>			e
All staff have an appropriate name tag with designation (e.g. "Pharmacist", "Pharmacy Technician" or "Assistant")			p
Comments:			
<b>13. Special Needs Provided: (optional please indicate which apply)</b>	<b>S</b>	<b>U</b>	<b>P/E</b>
Diabetic supplies			
Compliance packaging/controlled dose 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	Assistants
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
Number of hours per week that the pharmacy is open:		
ADDITIONAL COMMENTS AND RECOMMENDATIONS FOR CLARIFICATION/ACTION		

<p><b>SCPP Use Only</b></p> <p>Approved by: _____ Date: _____</p>
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