# Drawing and Schematics Checklist

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| Pharmacy Trade Name: Click or tap here to enter text. | |
| Pharmacy Manager Name and ID #: Click or tap here to enter text. | |
| Pharmacy Location: Click or tap here to enter text. | |
| Proposed Opening Date: Click or tap to enter a date. | Permit #:  Click or tap here to enter text. |

\* When all items have been addressed, ensuring that the drawings contain all necessary details, please send the completed checklist with pharmacy drawings to [info@saskpharm.ca.](mailto:info@saskpharm.ca) Provide explanation if requirement is not met. \*

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| **Requirement** |  | **Comments** |
| Size of dispensary |  | Click or tap here to enter text. |
| Size of counter space dedicated to filling prescriptions |  | Click or tap here to enter text. |
| Customer waiting area – include number of chairs |  | Click or tap here to enter text. |
| Patient care room allows for wheelchair and room to lay down – include number of chairs |  | Click or tap here to enter text. |
| Indicate patient care room entry, exit, window & privacy |  | Click or tap here to enter text. |
| Patient care room includes an operational, plumbed-in sink |  | Click or tap here to enter text. |
| Patient care area is attached and/or adjacent to the dispensary |  | Click or tap here to enter text. |
| Fax machine location indicated – ensures privacy of information |  | Click or tap here to enter text. |
| Indicate number of and location of all computer terminals |  | Click or tap here to enter text. |
| On-site shredder or shredding service? |  | Click or tap here to enter text. |
| Location of hazardous waste disposal |  | Click or tap here to enter text. |
| Detail security from unauthorized entry (locked gate, etc.) |  | Click or tap here to enter text. |
| Indicate safe storage of narcotic and controlled drugs |  | Click or tap here to enter text. |
| Location of plumbed-in dispensary sink |  | Click or tap here to enter text. |
| Segregated area for compounding services – include size and location in pharmacy |  | Click or tap here to enter text. |
| Compounding area has a plumbed-in sink |  | Click or tap here to enter text. |
| Location and type of heat source for compounding |  | Click or tap here to enter text. |
| Location and type of scale |  | Click or tap here to enter text. |
| Include list of compounding equipment |  | Click or tap here to enter text. |
| Indicate shelving units in Professional Services Area |  | Click or tap here to enter text. |
| Indicate internal signage e.g., Rx drop-off and pickup, PSA, bulkhead for dispensary, pharmacy, front of store, etc. |  | Click or tap here to enter text. |
| Provide a description and mockup of internal and external pharmacy signage for approval |  | Click or tap here to enter text. |
| Refrigerator meets SCPP requirements for vaccine storage – provide make(s) and model(s) |  | Click or tap here to enter text. |
| Indicate how pharmacy is delineated from Professional Services Area (if applicable) |  | Click or tap here to enter text. |
| Location of cash register |  | Click or tap here to enter text. |
| Location of entry and a minimum of two exits |  | Click or tap here to enter text. |

**Considerations:** Dispensary hours, pharmacy software system, adequate stock for prescription services