

PHARMACEUTICAL INSPECTION FORM**TO NURSE****UNIT/PROGRAM:** _____**DATE OF REVIEW:** _____

The pharmacist has completed this month's inspection of your medication dispensing area. Please sign this form to confirm that an area inspection was completed and you are aware of the findings. Please do not hesitate to call the pharmacist if you have any questions.

- | | | | |
|---|---|------|-------------------|
| 1 | Controlled substances are accountable: | Yes | No |
| 2 | Controlled substances documentation is: | | |
| | Complete | Yes | No |
| | Legible | Yes | No |
| 3 | Opened multi dose vials are dated: | Yes | No |
| 4 | Drug storage areas secured: | Yes | No |
| 5 | Drug cabinets, drawers, closets or rooms have lockable screens | Yes | No |
| 6 | Cleanliness of area: | | |
| | A. Drug storage areas are clean, uncluttered and free of spills | Yes | No |
| | B. Medication work counter is clean, uncluttered and free of spills | Yes | No |
| | C. Trash cans & sharps containers are emptied/removed regularly | Yes | No |
| 7 | Medications: | | |
| | A. Drugs are stored in an orderly manner | Yes | No |
| | B. Drug labeling is consistent with BOP | Yes | No |
| | C. Internals/Externals/Diagnostics are separated | Yes | No |
| | D. Refrigerated drugs are stored between 36 to 46 degrees (F) -Today: _____ | Yes | No |
| | E. Is there any food in the meds refrigerator | Yes | No |
| | F. Expired drugs are removed/discarded | Yes | No |
| | G. Near outdated drugs are identified | Yes | No |
| | H. Emergency meds box contents are in date and accountable | Yes | No |
| | I. Dispensed meds are documented | Yes | No |
| 8 | References/drug lists are available | Yes | No |
| | These include Drug References, Formulary lists, Poison Control #, Conversion charts | | |
| 9 | Overall Rating: | Good | Fair |
| | | | Needs Improvement |

Pharmacist Signature_____
Date_____
Nurse Signature_____
Date