✓ ChecklistGuro

Over-the-Counter Medication Storage Checklist (Monthly)

Inventory & Rotation

Ensuring proper stock levels and preventing expired medications.

Initial Count of Each Medication (Refers to current inventory)

Enter a number...

Number of Units Sold/Moved This Month (per medication)

Enter a number...

Number of Units Expired This Month (per medication)

Enter a number...

Date of Last First-In, First-Out (FIFO) Rotation

Enter date...

Notes on Observed Inventory Issues (e.g., damaged packaging, stock discrepancies)

Write something...

FIFO Rotation Procedure Followed?

☐ Yes
☐ No
☐ N/A

Number of Medications Requiring Reordering

Enter a number...

Storage Area Condition

Assessing the overall cleanliness and environment of the medication storage area.

Overall Cleanliness Rating (1-5, 5 being spotless)

Enter a number...

Describe any visible dust, debris, or mold present.

Write something...

Check all that apply: Evidence of pests (e.g., insects, rodents)?

- [ ] Yes, insects
- [ ] Yes, rodents
- [ ] No

If pests were observed, describe type and location.

Write something...

Note any unusual odors detected in the storage area.

Write something...

Estimated square footage of visible dust accumulation (approximate)

Enter a number...

Condition of shelving (e.g., rusty, damaged)

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

Temperature & Humidity Monitoring

Verifying temperature and humidity are within recommended ranges for OTC medications.

Current Temperature (Degrees Fahrenheit)

Enter a number...

Current Humidity Level (%)

Enter a number...

Temperature within acceptable range?

☐ Yes

☐ No

☐ N/A

Humidity within acceptable range?

☐ Yes

☐ No

☐ N/A

Date of Temperature/Humidity Reading

Enter date...

Time of Temperature/Humidity Reading

Notes on Temperature/Humidity Readings (e.g., unusual fluctuations, corrective actions)

Write something...

Security & Access Control

Confirming security protocols are in place to prevent theft or unauthorized access.

Access to storage area restricted?

☐ Yes

☐ No

☐ Partially Restricted

Who has access to the storage area?

☐ Store Manager

☐ Designated Employees

☐ Pharmacist (if applicable)

☐ Delivery Personnel

☐ Other (Specify)

If 'Other' selected above, please specify:

Write something...

Keypad/Access Code required?

☐ Yes

☐ No

☐ N/A

Keypad/Access Code last changed?

Write something...

Are security cameras in place?

☐ Yes

☐ No

☐ N/A

Location of Security Camera Recordings (if applicable)

📍 Set My Current Location

Expiration Date Checks

Systematically reviewing expiration dates and removing expired products.

Date of Expiration Date Review

Enter date...

Number of Products Reviewed This Month

Enter a number...

Expired Medications Found (Select all that apply)

- [ ] Pain Relievers (e.g., Ibuprofen, Acetaminophen)
- [ ] Cold & Cough Remedies
- [ ] Allergy Medications
- [ ] Gastrointestinal Aids
- [ ] First Aid Supplies
- [ ] Other (Specify in LONG_TEXT)

Specify 'Other' Medications Expired (if applicable)

Write something...

Quantity of Expired Medications Removed

Enter a number...

Method of Disposal of Expired Medications (Record details for traceability)

Write something...

Rotation Method Used (FIFO, FEFO, etc.)

- [ ] FIFO (First In, First Out)
- [ ] FEFO (First Expired, First Out)
- [ ] Other (Specify in LONG_TEXT)

Specify Rotation Method if 'Other' (above)

Write something...

Proper Shelving & Organization

Making sure medications are stored appropriately on shelves and are easily accessible.

Are shelves appropriately labeled with medication categories?

☐ Yes

☐ No

☐ N/A

Are heavier items stored on lower shelves?

☐ Yes

☐ No

☐ N/A

Number of empty shelf spaces observed (potential for restocking)

Enter a number...

Are medications stored upright to prevent damage to packaging?

☐ Yes

☐ No

☐ N/A

Describe any observed organization issues or areas for improvement.

Write something...

Are all medications facing forward on the shelves?

☐ Yes

☐ No

☐ N/A

Spill Prevention & Cleanup

Checking for potential spill hazards and ensuring a cleanup plan is in place.

Are spill kits readily available and accessible?

☐ Yes

☐ No

☐ Not Applicable

Are spill kits properly stocked and replenished?

☐ Yes

☐ No

☐ Not Applicable

Date of last spill kit inspection:

Write something...

Describe any recent spills or near misses (if applicable):

Write something...

Quantity of absorbent material (e.g., pads, pillows) in spill kit:

Enter a number...

Are employees trained on spill response procedures?

☐ Yes

☐ No

☐ Training Needed

Comments or actions needed regarding spill prevention/cleanup:

Write something...