

Pharmaceutical Inventory Compliance Checklist Template

 Show only Checklist

Display Style
Default 

Receiving & Verification

Ensuring accurate receipt and validation of incoming pharmaceutical inventory.

Receiving Date

Enter date...

Purchase Order Number

Enter a number...



Condition of Delivery (Packaging)

- Excellent
- Good
- Damaged
- Compromised

Quantity Received (Matches PO)

Enter a number...

Quantity Discrepancy (If Any)

Enter a number...

Reason for Discrepancy (If Applicable)

- Shortage
- Overage
- Damage
- Incorrect Item

Notes on Receiving (e.g., temperature upon arrival)

Write something...

Attach Packing Slip/Delivery Note

 Upload File

Storage Conditions

Verification of appropriate temperature, humidity, and security protocols.

Temperature (Refrigerator)

Temperature (Freezer)

Relative Humidity (%)

Lighting Conditions

- Adequate
- Insufficient
- Not Applicable

Ventilation

- Adequate
- Insufficient
- Not Applicable

Observations / Comments on Storage Conditions

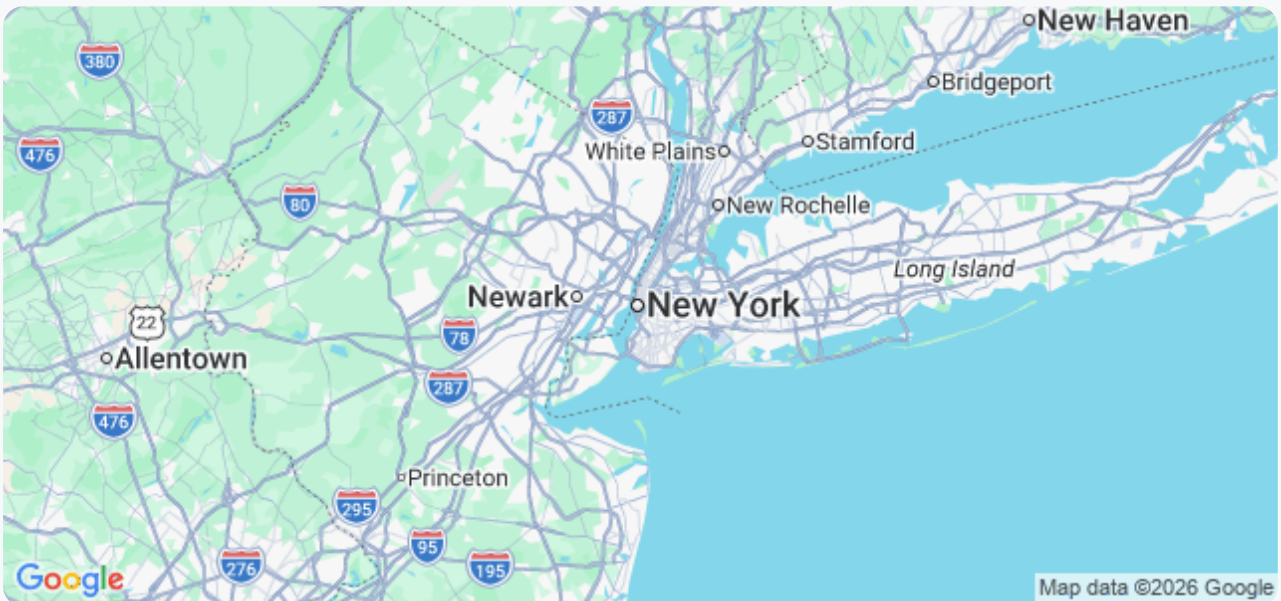
Write something...

Date of Inspection

Enter date...

Specific Storage Location Inspected

 [Set My Current Location](#)



Expiration Date Management

Tracking and controlling inventory nearing expiration dates (FEFO/FIFO).

Date of Expiration Date Review

Enter date...

Number of Items Expiring within 30 Days

Enter a number...

Expiration Date Rotation Method Used (FEFO/FIFO)

FEFO (First Expire, First Out)

FIFO (First In, First Out)

Date of Next Expiration Date Review

Enter date...

Quantity of Expired Items Found

Enter a number...

Notes on Expiration Date Management Issues/Actions

Write something...

Controlled Substance Handling

Compliance with DEA regulations for controlled substances.

Controlled Substance Inventory Count (Quantity)

Enter a number...

Controlled Substance Log Review – Complete/Incomplete

- Complete
- Incomplete

Last Physical Inventory Date

Enter date...

Time of Last Physical Inventory

Enter time...

Secure Storage Container Integrity (Intact/Compromised)

- Intact
- Compromised

DEA Registration Number Verification

Write something...

Description of any discrepancies or unusual events

Write something...

Inventory Records & Documentation

Accuracy and completeness of records, including batch numbers, lot numbers, and quantities.

Batch/Lot Number

Quantity Received

Quantity on Hand (Before Adjustment)

Quantity on Hand (After Adjustment)

Date of Receipt

Unit of Measure

- Each
- Box
- Case
- Bottle

Remarks/Notes (Discrepancies, Damage, etc.)

Write something...

Supporting Documentation (e.g., Receiving Report)

 Upload File

Dispensing & Distribution

Verification of correct dosage, medication, and patient records during dispensing.

Dispensed Quantity

Enter a number...

Medication Name

Write something...

Dosage Form (e.g., Tablet, Capsule)

Write something...

Patient Identifier (MRN/Account #)

Write something...

Dispensing Date

Enter date...

Dispensing Time

Enter time...

Prescriber Verification Status

- Verified
- Not Verified

Dispensing Notes/Comments

Write something...

Temperature Monitoring & Log Review

Reviewing and validating temperature logs for refrigeration and freezer units.

Log Review Date

Refrigerator Temperature (High)

Refrigerator Temperature (Low)

Freezer Temperature (High)

Freezer Temperature (Low)

Time of Temperature Reading

Temperature Deviation?

 Yes No

Notes/Corrective Actions (if deviation)

Attach Temperature Log Image (optional)

Security & Access Control

Assessment of security measures to prevent theft or unauthorized access.

Access Control System Type

 Keycard Biometric PIN Code Combination

Number of Authorized Personnel

Enter a number...

Access Points Secured

- Front Entrance
- Rear Entrance
- Loading Dock
- Storage Room
- Office Area

Last Security System Audit Date

Enter date...

Alarm System Status

- Active
- Inactive
- Under Repair

Emergency Contact Person

Write something...

Recall Procedures

Confirmation of established recall procedures and contact information.

Recall Procedure Overview

Write something...

Last Recall Date (YYYYMMDD)

Enter a number...

Primary Contact Person for Recall

- Pharmacist
- Inventory Manager
- Designated Recall Coordinator

Primary Contact Phone Number

Write something...

Primary Contact Email Address

Write something...

Steps Taken During Last Recall (Check all that apply)

- Notification of Regulatory Bodies
- Product Hold
- Patient Notification
- Product Return to Supplier
- Inventory Traceback

Copy of Last Recall Notification

 Upload File

Training Records

Verification of employee training on pharmaceutical handling and compliance.

Training Date

Enter date...

Training Type

- New Hire Orientation
- Annual Compliance Refresher
- Specific Procedure Training (e.g., Controlled Substances)

Training Content Summary

Write something...

Training Duration (minutes)

Enter a number...

Trainer Name

Training Certificate/Proof of Completion

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