



Pharmaceutical Inventory Management Checklist

Receiving & Verification

Steps for receiving pharmaceutical shipments and verifying accuracy.

Receipt Date

Purchase Order Number

Quantity Received

Condition of Shipment (Packaging)

- ☐ Intact
- ☐ Damaged
- ☐ Compromised

Shipping Documentation Review Notes

Write something...

Verification Status

- ☐ Verified
- ☐ Discrepancy Found

Discrepancy Details (if applicable)

Write something...

Receiving Personnel Signature

Storage Conditions

Checks related to temperature, humidity, and security of storage areas.

Storage Area Temperature (°C)

Enter a number...

Storage Area Humidity (%)

Enter a number...

Light Exposure

- ☐ Adequate
- ☐ Excessive
- ☐ Insufficient

Ventilation

- ☐ Adequate
- ☐ Insufficient

Last Temperature Monitoring Date

Enter date...

Notes on Storage Conditions (e.g., any deviations observed)

Write something...

Security System Functioning

- ☐ Yes
- ☐ No
- ☐ N/A

Inventory Rotation (FIFO/FEFO)

Ensuring proper rotation of stock based on First-In, First-Out (FIFO) or First-Expiry, First-Out (FEFO).

Date of Rotation

Enter date...

Quantity Rotated (Units)

Enter a number...

Rotation Method

☐ FIFO

☐ FEFO

Product Code (Rotated)

Write something...

Lot Number (Rotated)

Enter a number...

Description of Rotation Activity

Write something...

Signature of Person Performing Rotation

Stock Level Monitoring

Regularly checking stock levels against par levels and reorder points.

Current Quantity on Hand

Par Level

Reorder Point

Status (Above/Below Par)

- ☐ Above Par
- ☐ Below Par
- ☐ Within Range

Date of Monitoring

Notes/Comments (e.g., reasons for low stock)

Days Until Reorder (Estimated)

Enter a number...

Expiration Date Monitoring

Tracking expiration dates and identifying products nearing expiration.

Date of Expiration Date Check

Enter date...

Number of Medications Checked for Expiration

Enter a number...

Expiration Date Check Method

- ☐ Manual Review
- ☐ Automated System Report
- ☐ Combination of Both

Number of Medications Nearing Expiration (within 30 days)

Enter a number...

Notes on Medications Nearing Expiration (e.g., disposition plan)

Write something...

Disposition of Nearing Expiration Medications

- ☐ Return to Supplier
- ☐ Dispense Prioritized
- ☐ Compounding
- ☐ Other

Details of 'Other' Disposition Method (if selected)

Write something...

Controlled Substance Handling

Specific procedures for handling, record-keeping, and accountability of controlled substances.

Inventory Count - Narcotic A

Enter a number...

Inventory Count - Narcotic B

Enter a number...

Date of Inventory Count

Enter date...

Time of Inventory Count

Explanation for Discrepancies (if any)

Write something...

Witness Signature Required?

☐ Yes

☐ No

Authorized Personnel Signature

Attach Inventory Sheet/Log

 Upload File

Temperature Excursions

Documentation and corrective actions for temperature deviations outside acceptable ranges.

Date of Excursion

Enter date...

Start Time of Excursion

End Time of Excursion

High Temperature (°C/°F)

Enter a number...

Low Temperature (°C/°F)

Enter a number...

Description of Event

Write something...

Possible Cause(s)

Write something...

Corrective Actions Taken

Write something...

Product Impacted

- ☐ None
- ☐ Minor
- ☐ Moderate
- ☐ Significant

Reviewer Signature

Waste Disposal

Proper disposal of expired or damaged medications following regulatory guidelines.

Date of Waste Disposal

Description of Waste (e.g., expired, damaged, returned)

Quantity Disposed (Units)

Disposal Method

- ☐ Pharmaceutical Waste Vendor
- ☐ Reverse Distribution
- ☐ Other (Specify)

If 'Other' Disposal Method Selected, Please Specify:

Supporting Documentation (e.g., disposal manifest)

 Upload File

Signature of Person Disposing Waste

Record Keeping & Documentation

Ensuring accurate and complete records of all inventory transactions.

Record Creation Date

Description of Inventory Adjustment (if applicable)

Quantity Received

Quantity Dispensed


Quantity Destroyed/Discarded

Enter a number...

Reason for Adjustment/Discrepancy

- ☐ Expiration Date
- ☐ Damage
- ☐ Spillage
- ☐ Theft
- ☐ Clerical Error
- ☐ Other

Supporting Documentation (Receiving Reports, Batch Records)

 Upload File

Authorized Personnel Signature

Security & Loss Prevention

Measures to prevent theft, diversion, and unauthorized access to pharmaceuticals.

Alarm System Status (0 = Off, 1 = On)

Enter a number...

Last Security System Inspection Date

Enter date...

Summary of Security System Inspection Findings

Write something...

Access Control Measures in Place (Select all that apply)

- ☐ Keypad Entry
- ☐ Biometric Scan
- ☐ PIN Code
- ☐ Card Access
- ☐ Security Personnel

Number of Unauthorized Access Attempts Logged (Recent Month)

Enter a number...

Description of any Security Breaches or Near Misses (if applicable)

Write something...

Security Personnel Presence (If Applicable)

- ☐ Present
- ☐ Not Present

Security Camera Footage Review Log (Date & Time Reviewed)

 Upload File