



Pharmacy Compounding Checklist: Safety & Accuracy

Ingredient Verification

Ensuring correct ingredients are selected and verified against the prescription.

Prescription Received From

- ☐ Physician
- ☐ Dentist
- ☐ Other Healthcare Provider

Prescription Number

Write something...

Patient Name

Write something...

Drug Name

Write something...

Quantity Ordered

Enter a number...

Strength per Unit

Enter a number...

Unit of Measure

- ☐ mg
- ☐ g
- ☐ mL
- ☐ Count

Notes/Special Instructions (e.g., allergies, substitutions)

Write something...

Equipment Calibration & Maintenance

Confirming compounding equipment is calibrated and maintained according to schedule.

Last Calibration Date

Enter date...

Calibration Result (e.g., % accuracy)

Enter a number...

Calibration Notes (e.g., deviations, corrective actions)

Write something...

Calibration Standard Used

- ☐ USP <1079>
- ☐ Manufacturer's Recommendation
- ☐ Other (Specify)

Next Calibration Due Date

Enter date...

Equipment Status

- ☐ In Service
- ☐ Out of Service
- ☐ Needs Repair

Environmental Control

Verifying cleanliness and proper ventilation in the compounding area.

Room Temperature (°C)

Enter a number...

Humidity Level (%)

Enter a number...

Ventilation System Status

- ☐ On
- ☐ Off
- ☐ Maintenance

Air Filtration Status

- ☐ HEPA Filtration Active
- ☐ Standard Filtration Active
- ☐ Filter Needs Replacement

Notes on Environmental Conditions

Write something...

Last Surface Cleaning Date

Enter date...

Weighing and Measuring

Accurate measurement and weighing of ingredients, including documentation.

Ingredient Weight (grams)

Enter a number...

Measured Volume (mL)

Enter a number...

Measurement Unit Verified?

☐ Yes

☐ No

Balance Calibration Date

Write something...

Balance Readability (mg)

Enter a number...

Notes/Observations during Weighing

Write something...

Mixing and Processing

Correct mixing techniques and processing procedures followed for specific formulations.

Mixing Procedure Followed (Detailed Description)

Write something...

Mixing Time (Minutes)

Enter a number...

Mixing Equipment Used

- ☐ Mortar and Pestle
- ☐ Automated Mixer
- ☐ Propeller Mixer
- ☐ Other (Specify)

Mixing Speed (RPM - if applicable)

Enter a number...

Observed Deviations from Standard Procedure (if any)

Write something...

Process Temperature Maintained?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Temperature During Mixing (°C)

Enter a number...

Documentation & Labeling

Complete and accurate record-keeping and labeling of compounded medications.

Prescription Details (Rx Number, Patient Name, Date)

Write something...

Formulation Details (Ingredients, Quantities, Instructions)

Write something...

Compounding Date

Enter date...

Compounding Time

Batch Number

Write something...

Pharmacist Signature

Write something...

Technician Signature

Write something...

Label Type

- ☐ Standard
- ☐ Large Print
- ☐ Braille

Quality Control Testing

Conducting and documenting necessary quality control tests for finished products.

Test Performed (e.g., pH, Assay, Loss on Drying)

- ☐ pH Measurement
- ☐ Assay
- ☐ Loss on Drying
- ☐ Specific Gravity
- ☐ Viscosity
- ☐ Other (Specify in Long Text)

If 'Other' Selected Above, Please Specify Test:

Write something...

Test Result Value:

Enter a number...

Acceptable Range (Lower Limit):

Enter a number...

Acceptable Range (Upper Limit):

Enter a number...

Result Status:

☐

Pass

☐

Fail

☐

Out of Range

Date of Testing:

Enter date...

Time of Testing:

Quality Control Signature:

Personal Protective Equipment (PPE)

Proper use of required PPE throughout the compounding process.

Gloves: Type & Intact?

- ☐ Nitrile
- ☐ Latex
- ☐ Other (Specify)
- ☐ Yes - No Tears/Holes

Gown Type

- ☐ Standard
- ☐ Fluid Resistant
- ☐ Isolation
- ☐ Other (Specify)

Mask/Respirator Type

- ☐ Surgical Mask
- ☐ N95 Respirator
- ☐ Other (Specify)

N95 Fit Test Date (if applicable)

Enter a number...

Notes on PPE Usage/Condition

Write something...

Waste Disposal

Safe and compliant disposal of compounding waste materials.

Waste Category

- ☐ Hazardous Pharmaceutical Waste
- ☐ Non-Hazardous Pharmaceutical Waste
- ☐ Sharps Waste
- ☐ Chemical Waste

Estimated Waste Volume (liters/gallons)

Enter a number...

Description of Waste Materials

Write something...

Date of Disposal

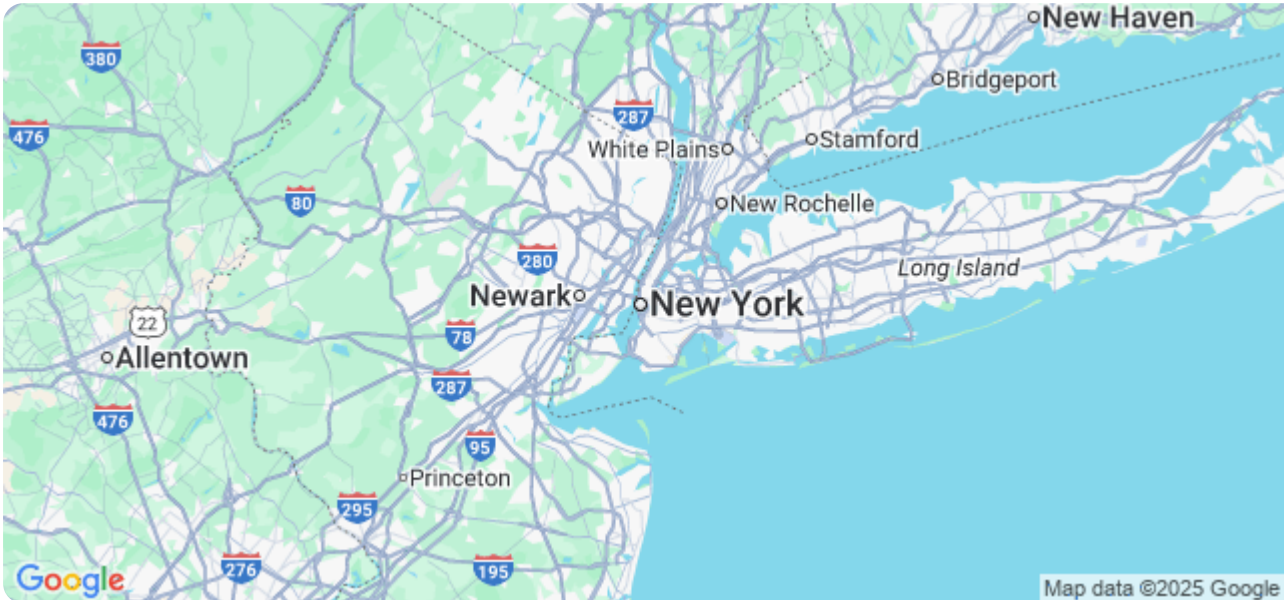
Enter date...

Time of Disposal

Signature of Person Disposing Waste

Disposal Site Location

 [Set My Current Location](#)



Storage & Stability

Proper storage conditions and assessment of product stability.

Storage Temperature (°C)

Enter a number...

Humidity Level (%)

Enter a number...

Compounding Date

Enter date...

Expiration Date

Enter date...

Stability Testing Notes (if applicable)

Write something...

Storage Container Type

- ☐ Amber Glass
- ☐ Light-Resistant Plastic
- ☐ Other

Light Sensitivity

- ☐ Sensitive
- ☐ Not Sensitive
- ☐ Unknown