✅ ChecklistGuro

Pharmacy Storage and Security Checklist

Controlled Access & Intrusion Prevention

Focuses on physical barriers and systems preventing unauthorized entry to the pharmacy storage area.

Is the pharmacy storage area physically separated from other areas?

☐ Yes

☐ No

What type of access control is in place for the pharmacy storage area?

☐ Keyed Entry

☐ Card Access

☐ Biometric Scan

☐ Combination Lock

☐ Other (Specify)

If 'Other' was selected for access control, please specify:

Write something...

Are windows and doors to the pharmacy storage area equipped with reinforced glass or frames?

☐ Yes

☐ No

☐ N/A - No Windows/Doors

Number of cameras actively monitoring the pharmacy storage area.

Enter a number...

Are cameras connected to a recording system?

☐ Yes

☐ No

Date of last review of access control logs.

Enter date...

Describe any vulnerabilities identified during a recent security assessment of the pharmacy storage area.

Write something...

Temperature & Environmental Controls

Ensures proper conditions are maintained to preserve medication integrity.

Minimum Acceptable Temperature (°C)

Enter a number...

Maximum Acceptable Temperature (°C)

Enter a number...

Relative Humidity (%) - Minimum

Enter a number...

Relative Humidity (%) - Maximum

Enter a number...

Temperature Monitoring System Type

☐ Continuous Data Logging

☐ Periodic Spot Checks

☐ Manual Recording

Date of Last Temperature/Humidity Calibration

Enter date...

Description of Environmental Control System (e.g., HVAC, backup generator)

Write something...

Recent Temperature/Humidity Logs (Last 12 Months)

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Backup Power System Status

☐ Operational

☐ Needs Maintenance

☐ Not Available

Describe corrective actions taken for any out-of-range temperature/humidity events in the last year.

Write something...

Security System Monitoring & Response

Covers surveillance, alarms, and response protocols for security breaches.

Alarm System Type

☐ Monitored by Security Company

☐ Self-Monitored

☐ Not Applicable

Last Alarm System Test Time

Alarm Response Time (minutes)

Enter a number...

Details of Recent Alarm Events (if any)

Write something...

Surveillance Camera Coverage

- ☐ Full Coverage (Entrance, Storage, Dispensing)
- ☐ Partial Coverage (Entrance & Storage)
- ☐ Limited Coverage
- ☐ No Surveillance Cameras

Last Review of Surveillance Footage

Enter date...

Notification Methods for Alarm Activation

- ☐ Phone Call
- ☐ Email
- ☐ SMS/Text Message
- ☐ Pager
- ☐ Other (specify in LONG_TEXT)

Details of Alarm Response Procedures

Write something...

Inventory Management & Reconciliation

Details procedures for accurate tracking and accountability of all medications.

Frequency of Perpetual Inventory Counts (days)

Enter a number...

Date of Last Full Inventory Reconciliation

Enter date...

Number of Discrepancies Found in Last Reconciliation

Enter a number...

Description of Discrepancy Investigation Process

Write something...

Method Used for Inventory Reconciliation

- [ ] Cycle Counting
- [ ] Physical Inventory
- [ ] Other (Specify in Long Text)

Which inventory discrepancies require immediate reporting?

- [ ] Theft
- [ ] Loss
- [ ] Expiration
- [ ] Damage
- [ ] Dispensing Errors

Who is responsible for investigating inventory discrepancies?

- ☐ Pharmacy Manager
- ☐ Designated Inventory Auditor
- ☐ Security Personnel
- ☐ Other (Specify in Long Text)

Notes Regarding Inventory Management Procedures

Write something...

Record Keeping & Documentation

Addresses required documentation, logs, and audit trails for pharmacy storage and security.

Date of Last Security Audit

Enter date...

Summary of Findings from Last Security Audit and Corrective Actions Taken

Write something...

Number of Controlled Substances Lost or Stolen in the Last Year

Enter a number...

Description of any Medication Diversion Incidents & Investigation Outcomes

Write something...

Method Used for Inventory Reconciliation (e.g., Cycle Count, Physical Inventory)

☐ Cycle Count

☐ Physical Inventory

☐ Other (Specify in Long Text)

Copy of Standard Operating Procedure (SOP) for Controlled Substance Handling

⬆ Upload File

Date of Last Controlled Substance Inventory Reconciliation

Enter date...

Notes/Comments Regarding Record Keeping and Documentation Practices

Write something...

Signature of Person Responsible for Record Keeping

Emergency Preparedness

Outlines procedures for handling emergencies such as fire, flood, or theft.

Last Emergency Drill Date

Enter a number...

Next Scheduled Emergency Drill Date

Enter date...

Summary of last emergency drill findings and corrective actions taken.

Write something...

Primary Emergency Contact (Fire Department/Police)

☐ Fire Department

☐ Police Department

☐ Other (Specify in Long Text)

Specify 'Other' contact information (if selected above).

Write something...

Potential Emergency Scenarios Considered

☐ Fire

☐ Flood

☐ Theft/Burglary

☐ Natural Disaster (e.g., Earthquake, Hurricane)

☐ Power Outage

☐ Hazardous Material Spill

Briefly describe procedures for securing medications during a power outage.

Write something...

Copy of Emergency Contact List (including phone numbers and addresses)

⬆ Upload File

Personnel Security & Training

Covers background checks, access controls, and training for individuals with access to the pharmacy storage area.

Number of Personnel with Access to Pharmacy Storage

Enter a number...

Background Checks Conducted (Select all that apply)

- ☐ Criminal History
- ☐ Drug Screening
- ☐ Reference Checks
- ☐ Verification of Credentials

Type of Background Check Used

- ☐ Standard Background Check
- ☐ Comprehensive Background Check
- ☐ Fingerprint-Based Background Check

Date of Last Security Training for Personnel

Enter date...

Brief Summary of Security Training Content

Write something...

Access Control System Type (e.g., Keycard, Biometric)

- ☐ Keycard
- ☐ Biometric (Fingerprint, Iris Scan)
- ☐ PIN Code
- ☐ Combination Lock

Training Topics Covered (Select all that apply)

☐ Medication Security Best Practices

☐ Emergency Procedures

☐ Reporting Suspicious Activity

☐ Proper Documentation Procedures

Signature of Person Responsible for Personnel Security

[   ]

Storage Area Layout and Design

Addresses physical design elements impacting security, such as shelving, lighting, and visibility.

Is the pharmacy storage area clearly designated and separated from other areas?

☐ Yes

☐ No

☐ N/A

Is adequate lighting provided throughout the storage area?

☐ Yes

☐ No

☐ N/A

Minimum Illumination Level (in Lux)

[Enter a number...]

Which of the following storage features are present?

☐ Security Cages/Cabinets

☐ Locked Shelving

☐ Restricted Access Compartments

☐ Secure Medication Bins

☐ None of the Above

Is there clear visibility within the storage area, minimizing blind spots?

☐ Yes

☐ No

☐ Partially

Describe any modifications needed to improve layout and visibility.

Write something...