

Prescription Dispensing Area Inspection Checklist (Daily)

 Show only Checklist

Display Style
Default 

Cleanliness & Sanitation

Ensuring a hygienic and sanitary environment.

Hand Soap Dispenser Level

Enter a number...

Sanitizer Dispenser Level

Enter a number...



Countertops Clean?

Yes

No

Floor Clean and Dry?

Yes

No

Notes on Cleaning (if any issues)

Write something...

Trash Receptacles Emptied?

Yes

No

Surface Disinfection Performed?

Yes

No

Dispensing Counter & Work Surfaces

Focuses on the cleanliness and functionality of the dispensing counter and surrounding work areas.

Surface Temperature (Fahrenheit)

Countertop Material Condition

- Clean and Intact
- Minor Scratches/Marks
- Damage/Requires Repair

Work Surface Cleanliness

- Clean and Dry
- Slightly Damp
- Visible Residue/Requires Cleaning

Notes on Surface Condition (if any)

Presence of Clutter/Debris

- None
- Minimal
- Excessive - Requires Cleaning

Organization of Dispensing Supplies

- Well Organized
- Somewhat Organized
- Disorganized - Requires Adjustment

Prescription Storage & Security

Verification of proper storage, security, and temperature control for medications.

Temperature of Refrigerator/Cooler (Fahrenheit)

Temperature of Storage Room (Fahrenheit)

Security System Status

- Active
- Inactive

Controlled Substance Log – Verified?

- Yes
- No

Locked Storage Container Integrity

- Intact
- Compromised

Last Controlled Substance Inventory Date

Enter date...

Comments/Notes Regarding Storage/Security

Write something...

Equipment Functionality

Checks the operational status of essential dispensing equipment.

Counter Scale Calibration Check (Last Calibration Date)

Enter a number...

Temperature of Refrigerators/Cold Storage (in °F)

Enter a number...

Temperature of Freezers (in °F)

Enter a number...

Automated Dispensing Cabinet Functionality

- Operational
- Minor Issue
- Malfunctioning

Computer System/Software Functionality

- Operational
- Minor Issue
- Malfunctioning

Barcode Scanner Functionality

- Operational
- Minor Issue
- Malfunctioning

Any equipment issues or maintenance notes:

Write something...

Patient Confidentiality

Ensuring adherence to HIPAA and privacy protocols.

Was patient information visible to unauthorized personnel at any point during dispensing?

- Yes
- No
- N/A

Were verbal prescription details discussed in an open area?

- Yes
- No
- N/A

Describe any instances where patient confidentiality may have been compromised (if applicable):

Write something...

Were screens locked when unattended?

- Yes
- No
- N/A

Was proper disposal of documents (e.g., prescriptions, printouts) observed?

- Yes
- No
- N/A

Inspector Signature (Confirms review of Confidentiality Protocols)

Regulatory Compliance

Checks pertaining to state board of pharmacy and other regulatory requirements.

Last Controlled Substance Log Review Date

Temperature of Refrigerated Medications (Fahrenheit)

Enter a number...

USP 797 Cleanroom Conditions Verified?

- Yes
- No
- Not Applicable

Record Keeping Compliance:

- Prescription Logs Maintained
- Controlled Substance Records Complete
- Patient Profiles Accurate
- Retention Policy Adhered To

State Board of Pharmacy Updates Reviewed?

- Yes
- No

Notes Regarding Regulatory Compliance Issues (If any)

Write something...

Safety Hazards

Identification and mitigation of potential safety risks within the dispensing area.

Temperature of Refrigerated Medications (F)

Enter a number...

Evidence of Pests (Rodents, Insects)?

- Yes
- No
- Unsure

Describe any observed spills or potential slip hazards.

Write something...

Are fire extinguishers readily accessible and unobstructed?

- Yes
- No
- N/A

CO2 Monitor Reading (if applicable)

Enter a number...

Record any observed damage to flooring, walls or fixtures that could be a hazard.

Write something...