

## Clinic Inspection Record

Location \_\_\_\_\_ Inspection Date \_\_\_\_\_

		Yes	No	N/A
1	The area is clean, neat, and well organized.			
2	Only authorized medications and supplies are present.			
3	Drugs requiring special storage are properly stored (e.g., light, refrigerator).			
4	There are no expired, recalled, broken, or mislabeled medication in the clinic.			
5	Medications are locked up or are in a secure location.			
6	Reconstituted medications contain date, concentration, and initials.			
7	No food or drinks are stored in the refrigerators used for medications.			
8	Refrigerator temperatures are logged daily.			
9	The refrigerator is clean and free of excessive frost.			
10	The refrigerator temperature is between 2 and 8 degrees Centigrade or 36 – 46 degrees Fahrenheit.			
11	The refrigerator is clearly marked “For Medication Only”			
12	MDVs expire 28 days after initial use and should have BEYOND USE DATE			
13	Central store items and diagnostics are in date and in good condition. (spot check only)			
14	<p>a. <b>Crash cart</b> seal is broken by us and medication trays are checked for expiration dates.  Earliest Exp Date: _____  Old Seal # _____  New Seal# _____</p> <p>b. <b>Anaphylactic box</b> is inventoried and checked for expiration dates.  Earliest Exp Date: _____</p> <p>c. <b>Blue BLS Bag</b> seal is broken by us and checked for expiration dates.  Earliest Exp Date: _____  Old Seal # _____  New Seal# _____</p> <p>d. <b>Brig:</b> Verification of C-II count completed: _____</p> <p style="text-align: right;">Witness: _____</p>			

Discrepancies (n/a if none found):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective action:

\_\_\_\_\_

\_\_\_\_\_

Pharmacy Inspector \_\_\_\_\_ (Print and Sign Name)  
Clinic Manager/LPO \_\_\_\_\_ (Print and Sign Name)  
Pharmacy OIC/Supervisor \_\_\_\_\_ (Print and Sign Name)

Ward and clinic inspections will be performed every month by Pharmacy inspectors. Trended discrepancies will be routed through the chain of command.