



College of Pharmacists  
of British Columbia

**PRE-OPENING/CHANGE IN LAYOUT  
INSPECTION REPORT**

Community

**Form 10A**

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1. PHARMACY INFORMATION				
Operating Name		Name on External Signage		Proposed Licensure/Completion Date MMM   DD   YYYY
Pharmacy Address		City	Province BC	Postal Code   Phone Number
Email Address		Website		Fax Number
<b>Type of Pharmacy Application for this Inspection Report</b> <input type="checkbox"/> New Community Pharmacy Licence <input type="checkbox"/> Change in Location (Relocation) <input type="checkbox"/> Change in Layout (Renovation)				

2. PHARMACY SERVICES							
TYPE	SUBTYPE	YES	NO	TYPE	YES	NO	If "YES", PROVIDE ADDITIONAL INFORMATION
OPIOID AGONIST TREATMENT	Methadone (Maintenance)			RESIDENTIAL CARE SERVICES			Facility Name & Number of Beds:
	Oral Morphine						
	Buprenorphine & Naloxone (Suboxone)						
	Injectable Opioid Agonist (iOAT)						
COMPOUNDING	Non-Sterile Preparation			CENTRALIZED PRESCRIPTION PROCESSING SERVICES PROVIDED TO			Provide the name(s) of the pharmacy(ies) that your pharmacy prepares/processes prescriptions/drug orders for:
	Sterile, Non-Hazardous						
	Sterile, Hazardous						
OTHER	Injection & Intranasal Drug Administration			OUTSOURCED PRESCRIPTION PROCESSING SERVICES RECEIVED FROM			Provide the name(s) of the pharmacy(ies) that prepare/process prescriptions/drug orders for your pharmacy:
	No Public Access*						
	Schedule 1A drugs On-Site						
	Internet Pharmacy						

\*Check 'No' if you are a pharmacy that is open to the public.

3. HOURS OF OPERATION								
TYPE	MON	TUE	WED	THU	FRI	SAT	SUN	STAT
Pharmacy Hours								
Lock & Leave Hours								



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4. PHARMACY ROSTER

STAFF	REGISTRATION #	FIRST NAME/INFORMAL NAME	LAST NAME	REGISTRATION CLASS
Pharmacy Manager				<input checked="" type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #1				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #2				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #3				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #4				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #5				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician

5. INFORMATION OF THE PERSON WHO COMPLETED THE NEXT SECTION

Last Name	First Name	Completion Date
Relationship to the Pharmacy <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Owner (Registrant) <input type="checkbox"/> Owner (Non-Registrant) <input type="checkbox"/> College Inspector		
Email Address of the Person Named above	Phone Number of the Person Named above	Fax Number of the Person Named above
<input type="checkbox"/> I hereby declare that the information provided above including the accompanying digital evidence is current, true and correct to the best of my knowledge. If any of the above information is found to be false, untrue, misleading or misrepresented, I am aware that I may be referred to the Inquiry Committee and the pharmacy licence may not be issued.		
Signature		Date MMM   DD   YYYY

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the Freedom of Information and Protection of Privacy Act (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcpharmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 778-330-0969.

CPBC USE ONLY

Approved by: \_\_\_\_\_ Approved date: \_\_\_\_\_



## 6. PRE-OPENING/CHANGE IN LAYOUT INSPECTION

Confirm whether your pharmacy complies with each of the following requirements.

- If compliant, mark “YES” under the “Compliant” column **AND** submit digital evidence (e.g. photos/videos) using this [Powerpoint template \(Community\)](#) along with this Pre-Opening Inspection Report to the Licensure Department at [licensure@bcpharmacists.org](mailto:licensure@bcpharmacists.org).
- If not applicable, enter “N/A” under the “Compliant” column and provide the reason in the comment field.
- Refer to the “[Pre-Opening Inspection Report and Digital Evidence](#)” section and [Appendix B](#) in the *Pharmacy Licensure Guide* for more information (e.g. requirements and recommended content for digital evidence).

### External to Dispensary

#	Item	Compliant	Comment	CPBC Use
1a	External view of the pharmacy (street view including the external signage)			
1b	Hours of operation sign			
1c	Professional products area for schedule 3 drugs			
1d	Lock-and-Leave barriers (if the premises is open for business while the pharmacy is closed) OR N/A			
1e	Signage at 25 feet from dispensary to visually distinguish the professional products area from the remaining areas of the premises OR N/A			
1f	“Medication Information” Sign OR N/A			
1g	Separate Injection Room for iOAT OR N/A <ol style="list-style-type: none"> <li>1. Stainless steel table</li> <li>2. Chair</li> <li>3. Secure container for sharps</li> <li>4. Sink</li> <li>5. Soap</li> <li>6. Hand sanitizer</li> <li>7. Antiseptic cleaning wipes</li> <li>8. Paper towel in a dispenser</li> <li>9. Security Camera</li> </ol>			

### Dispensary

#	Item	Compliant	Comment	CPBC Use
2a	Dispensary area			
2b	Gate/door at the entrance into the dispensary			
2c	Placeholder for College license			
2d	Professional service area for Schedule 2 drugs			
2e	Patient consultation area			



#	Item	Compliant	Comment	CPBC Use
2f	Dispensing counter and service counter			
2g	Computer terminals for prescription processing			
2h	Shelving			
2i	Double stainless steel sink			

## Security

#	Item	Compliant	Comment	CPBC Use
3a	<input type="checkbox"/> Locked metal safe OR <input type="checkbox"/> Safe declaration			
3b	Security camera system AND Surveillance signage			
3c	Motion sensors			
3d	Monitored alarm OR N/A			
3e	Physical barriers OR N/A			
3f	Locked area for sharps containers (for iOAT) OR N/A			

----- Do not complete the sections below if you are submitting a *Change in Layout* application -----

## Equipment and References

#	Item	Compliant	Comment	CPBC Use
4a	Equipment (General): 1. Telephone 2. Fax machine 3. Rx balance and calibration tools 4. Glass graduate(s) 5. Mortar 6. Pestle 7. Spatula 8. Funnel 9. Stirring rod 10. Ointment slab/ parchment paper 11. Counting tray 12. Soap in a dispenser 13. Paper towels in a dispenser 14. Plastic/metal garbage containers 15. Plastic lining			
4b	Equipment (Electronic Recordkeeping) 1. Device for inputting/creating coloured electronic records (e.g. scanner) 2. Backed up records storage area OR N/A = Not storing prescriptions electronically			
4c	Rx filing supplies (e.g. folders/binders)			
4d	Equipment (Cold Chain) 1. Refrigerator			



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#	Item	Compliant	Comment	CPBC Use
	2. Digital thermometer/temperature monitoring system 3. Temperature log/record			
4e	<b>Equipment (Methadone)</b> 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 4. Patient/Rx Log OR N/A			
4f	<b>Equipment and Supplies (iOAT)</b> 1. Needles for patient self-injection 2. Tourniquets 3. Alcohol swabs 4. Bandages 5. Cotton swabs 6. Naloxone and related supplies 7. Breathalyzer 8. Pulse oximeter 9. Blood pressure monitor 10. Oxygen 11. Bag valve mask 12. Disinfectant 13. Injectable Hydromorphone Part-Fill Accountability Log OR N/A			
4g	<b>References (CPBC)</b> 1. Pharmacy legislation 2. CPBC Professional Practice Policies 3. ReadLinks			
4h	<b>References (General)</b> 1. Compendium 2. Complementary/ Alternative 3. Dispensatory 4. Drug Interactions 5. Nonprescription Medication (2x) 6. Medical Dictionary 7. Pregnancy and Lactation 8. Pediatrics 9. Therapeutics			
4i	<b>References (if applicable)</b> <input type="checkbox"/> Opioid Agonist Treatment <ul style="list-style-type: none"> <li><input type="checkbox"/> PPP-66 Policy Guide</li> <li><input type="checkbox"/> BCCSU</li> <li><input type="checkbox"/> CAMH</li> <li><input type="checkbox"/> Monograph</li> </ul> <input type="checkbox"/> Veterinary <input type="checkbox"/> Psychiatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Compounding OR N/A			

## Prescription

#	Item	Compliant	Comment	CPBC Use
5a	Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)			



## Confidentiality

#	Item	Compliant	Comment	CPBC Use
6a	<input type="checkbox"/> Shredder OR <input type="checkbox"/> Contract with a document destruction company			
6b	Offsite storage contract OR N/A			

## Inventory Management

#	Item	Compliant	Comment	CPBC Use
7a	Drug receiving area			
7b	Storage area for non-usable and expired drugs			

## Dispensed Products

#	Item	Compliant	Comment	CPBC Use
8a	Prescription product label 1. Single entity product 2. Multiple-entity product			
8b	Filling supplies (e.g. vials and bottles including caps)			

## Pharmacy Manager's Responsibilities

#	Item	Compliant	Comment	CPBC Use
9a	Staff identification (e.g. Name tag/badge, apparel)			
9b	Policy & procedure manual			