



College of Pharmacists
of British Columbia

PHARMACY PRE-OPENING INSPECTION REPORT

COMMUNITY

1. PHARMACY INFORMATION							
Operating Name		Store #/Identifier (if applicable)		PharmaCare Code		Proposed Licensure Date <small>MMM DD YYYY</small>	
Pharmacy Address		City		Province BC	Postal Code	Software Vendor (for dispensing)	
Email Address		Phone Number		Fax Number		Website	
2. PHARMACY SERVICES							
TYPE	SUBTYPE	YES	NO	TYPE	YES	NO	If "YES", PROVIDE ADDITIONAL INFORMATION
OPIOID ADDICTION THERAPY	Methadone (Maintenance)			RESIDENTIAL CARE SERVICES			Facility Name & Number of Beds:
	Oral Morphine						
	Buprenorphine & Naloxone (Suboxone)						
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:
	Non-Hazardous Sterile						
	Hazardous Sterile						
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						



3. HOURS OF OPERATION

TYPE	SUN	MON	TUE	WED	THU	FRI	SAT
Pharmacy Hours							
Lock & Leave Hours							

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
Staff #6				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #7				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #8				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #9				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #10				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician



5. PRE-OPENING INSPECTION

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

- If compliant, mark “✓” under the “Compliant” column and submit digital evidence (e.g. photos/videos) along with this form. Refer to the Licensure Guide for further details.
- If not applicable, enter “N/A” under the “Compliant” column and provide the reason in the comment field.

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 (+ Lock-and-Leave barriers if the premise is open for business while the pharmacy is closed) OR N/A			
1d	Signage at 25 feet from dispensary OR N/A			
1e	“Medication Information” Sign OR N/A			

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			
2f	Shelving			

Security

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



Equipment and References

#	Item	Compliant	Comment	CPBC Use
4a	Double stainless steel sink			
4b	Equipment: <ol style="list-style-type: none"> 1. Telephone 2. Refrigerator 3. Rx filing supplies 4. Rx balance 5. Metric weights 6. Glass graduates 7. Mortar 8. Pestle 9. Spatulas 10. Funnels 11. Stirring rods 12. Ointment slab/ parchment paper 13. Counting tray 14. Disposable drinking cups 15. Soap dispenser 16. Paper towel dispenser 17. Plastic/metal garbage containers 18. Plastic lining 19. Fax machine 			
4c	Equipment (Cold Chain) <ol style="list-style-type: none"> 1. Thermometer 2. Temperature log 			
4d	Equipment (Methadone) <ol style="list-style-type: none"> 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 4. Patient/Rx Log <p>OR N/A</p>			
4e	References (CPBC) <ol style="list-style-type: none"> 1. BC Pharmacy Practice Manual 2. ReadLinks 			



#	Item	Compliant	Comment	CPBC Use
4f	References (General) 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			
4g	References (if applicable) <input type="checkbox"/> Veterinary <input type="checkbox"/> Psychiatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Specialty compounding <input type="checkbox"/> Methadone <ul style="list-style-type: none"> ○ PPP-66 ○ CSPBC ○ CAMH ○ Monograph 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	Drugs			
7c	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	Name badge			
9b	Policy & procedure manual			



6. INFORMATION OF THE PERSON WHO COMPLETED THE PRE-OPENING INSPECTION

Last Name	First Name	Completion Date
Relationship of the Named Person above 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 true and correct to the best of my knowledge. If any of the above information is found to be false, untrue, misleading or misrepresenting, I am aware that I may be referred to the Inquiry Committee and the pharmacy licence may not be issued.		
Signature	Sign Date MMM DD YYYY	

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the Pharmacy Operations and Drug Scheduling Act, Health Professions Act, and Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org