

Community Pharmacy Pre-Opening

Complete this form to apply for licensure

PHARMACY INFORMATION			
Pharmacy Name		PharmaCare Code	
Address		Pharmacy Hours	
City		Postal Code	
Phone Number		Store Hours	
Email		Website	
		Current Date	
		Software Vendor	
		Pharmacy Manager	

PLEASE CHECK (✓) WHICHEVER APPLIES	SERVICES	PLANNED	COMMENT
Hours posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Methadone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College license posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Residential/Licensed Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business license posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Extensive Compounding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Label reflects operating name <input type="checkbox"/> Yes <input type="checkbox"/> No	Injections	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Label indicates physical address <input type="checkbox"/> Yes <input type="checkbox"/> No	Telepharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Label includes 10 digit phone number <input type="checkbox"/> Yes <input type="checkbox"/> No	Other (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Scheduled Opening Date	
Authorized to Open	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed By	
Date	

Role	First and Last Name	Registration #	Full-time	First and Last Name	Full-time
Pharmacist			<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Pharmacy Assistants on duty:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Technician			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Check the space provided if your location complies with the following, or if not in compliance, indicate how requirements will be met:

Legislation		Compliance			Comments
		Y e s	N o	N/ A	
GENERAL					
PODSA Bylaw 3(2)(r), 12(2)(f)	Exterior sign and labels clearly identify the pharmacy name.				
PODSA Bylaw 3(2)(r), 12(2)(f)	Hours of operation posted in public view.				
	Hours of "lock-and-leave" operation posted, if applicable.				
PODSA Bylaw 9(2)(d)	Current business license				
PROFESSIONAL PRODUCTS AREA					
PODSA Bylaw 11(1)	"Pharmacy" signage located at boundary of the professional products area.				
PODSA Bylaw 11(1)	Area made visibly distinctive by design or decor.				
PODSA Bylaw 11(1)	All Schedule III products within 25 feet of the dispensary.				
PODSA Bylaw 11(1)	All Schedule III products within the "lock-and-leave" enclosure, if applicable.				
PODSA Bylaw 4(1)	A list of all Schedule III products not within the "lock-and-leave" enclosure is maintained and items are removed when dispensary is closed.				
PODSA Bylaw 11(1)	"Medication Information" sign clearly displayed to identify consultation area.				
PROFESSIONAL SERVICE AREA					
Drug Schedules Regulations to PODSA	Area provided to display Schedule II products, ensures inaccessibility for self-service by the public.				
	All Schedule II products located within professional services area.				



Legislation		Y e s	N o	N / A	Comments
Narcotic Control Regulations – section 36	Exempted codeine products located in an area not visible to the public.				
DISPENSARY					
PODSA Bylaw 11(2)(3)(4)	Dispensary size minimum of 160 sq. feet.				
PODSA Bylaw 11(2)(3)(4)	Dispensing counter space meets or exceeds the minimum of 30 sq. ft. of clear working space, in addition to service counters.				
PODSA Bylaw 11(2)(3)(4)	Double stainless steel sink, with readily available hot and cold water, installed and functional.				
PPP-59	Refrigerator of sufficient size, installed, operational in the dispensary				
PPP-68	Refrigerator temperature log to document temperature a minimum of two times daily				
PODSA Bylaw 11(2)(3)(4)	Semi-private counselling area/booth provided.				
PODSA Bylaw 11(2)(3)(4)	Secure storage area meets or exceeds the minimum of 40 sq. ft.				
PODSA Bylaw 11(2)(3)(4)	Dispensary inaccessible to the public by means of gates and/or doors.				
MISCELLANEOUS, IF APPLICABLE					
PODSA Bylaw 12(2)(b)	"Lock-and-leave" barriers meet security criteria if applicable.				
	Additional space provided for long-term care packaging and services.				
	Additional free counter space.				
CONFIDENTIALITY					
PODSA 12 , PODSA Bylaw 3(2)(n)(o)(x)(y) , 8(2),20,21,22 , HPA 25.94 , HPA Bylaw 86 Part VII 64-80	PharmaNet confidentiality agreements have been signed by all non-pharmacist owners, support staff and software vendors and filed in the CPBC Information Binder.				
	Acknowledgement of Completion of Confidentiality faxed to the College.				



Legislation		Y e s	N o	N / A	Comments
PODSA 12, PODSA Bylaw 3(2)(n)(o)(x)(y) 8(2),20,21,22, HPA 25.94 HPA Bylaw 86 Part VII 64-80	Computer terminals located to ensure confidentiality of patient records.				
	Router inaccessible to public.				
	Equipment or process to ensure that all confidential material, including discarded labels and receipts, mechanically shredded or incinerated.				
DOCUMENTATION					
PODSA 2(4)	College Pharmacy License will be posted conspicuously in the dispensary when received.				
PODSA Bylaw 3(2)(m)	All individuals wear a badge that clearly identifies their role in the dispensary.				
	Code of Ethics document posted.				
NARCOTIC COUNTS AND RECONCILIATIONS					
PPP-65	The baseline narcotic count has been completed.				
PPP-65	A procedure is in place to reconcile narcotics a minimum of every 3 months.				
PODSA Bylaw 3(2)(k)	There is a written drug recall procedure in place for pharmacy inventory.				
PODSA Bylaw 3(2)(g)	There are policies and procedures to specify the duties to be performed by registrants and pharmacy assistants.				
PODSA Bylaw 3(2)(h)	There are procedures in place for inventory management, product selection, proper destruction of unusable drugs and devices.				
PPP-12	Prescription Hard Copy File Coding System.				
PRESCRIPTION					
HPA Bylaw 86 Schedule F Part 1 6	Pharmacist/patient consultation accountability procedure, utilizing handwritten initials.				
HPA Bylaw 86 Schedule F Part 1 6	Refill accountability procedure, utilizing handwritten initials.				
HPA Bylaw 86 Schedule F Part 1 6	Balance owing accountability procedure utilizing handwritten initials.				
PRESCRIPTION LABEL					
HPA Bylaw 86 Schedule F Part 1 9(2)(a)	Prescription label heading includes the name, address and 10 digit telephone number of the pharmacy				



Legislation		Y e s	N o	N / A	Comments
	Attach a copy of all types of pharmacy labels used at your pharmacy including LTC, Community and any other label variations.				

Attach blank prescription label(s) here.



SECURITY MEASURES					
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PPP-5	Narcotic drug storage cabinet present, preferably key and combination lock type.				
PPP-5	Monitored alarm system specific to dispensary area, installed to protect dispensary area from unauthorized access, including non-pharmacist staff after pharmacy operating hours.				
PPP-5	Dispensary alarm code and/or keys restricted to pharmacist.				



Legislation		Y e s	N o	N / A	Comments
SECURITY MEASURES (cont'd)					
PPP-5	Additional security measures.				
PODSA Bylaw 5(4)	A separate area of the dispensary or a secure storage area has been delegated for non-usable and expired drugs storage until final disposal.				
EQUIPMENT					
PODSA Bylaw 19, 20	Computer system installed and operational for prescription data entry and creation of patient records.				
PODSA Bylaw 19, 20	PharmaNet connection complete or scheduled for a specific date.				
PODSA Bylaw 19, 20	Inventory of prescription drugs present.				
PPP-3	References are complete as per the current required Reference Library List.				
PHARMACY EQUIPMENT					
PPP-59	Refrigerator				
PPP-59	Fax machine				
PPP-59	Counting tray				
PPP-59	Mortar and pestle				
PPP-59	Funnels (glass or plastic)				
PPP-59	Disposable drinking cups				
PPP-59	Prescription filing supplies				
PPP-59	Telephone, installed and operational				
PPP-59	Stirring rods (glass or plastic)				
PPP-59	Spatulas (metal or non-metallic)				
PPP-59	Ointment slab or parchment paper				
PPP-59	Soap dispenser and paper towel dispenser				
PPP-59	Prescription balance (sensitivity rating of 0.01)				
PPP-59	Plastic or metal garbage containers and plastic liners				
PPP-59	Metric scale graduates (variety, including 10mL size)				
PPP-59	Metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability				

Legislation		Y e s	N o	N / A	Comments
DIAGRAM / LAYOUT					
PODSA Bylaw 9(2), 11	Final arrangement reflects legislated requirements.				

Comments

By completing this form, I hereby verify that the above statements are true. Items found deficient could result in referral to the Inquiry Committee. Returning this signed document when the above noted conditions HAVE NOT been met may constitute professional misconduct, and could result in disciplinary action

Pharmacy manager name: _____
(Please print)

Date: _____

Pharmacy manager signature: _____

Please note that if a follow-up inspection due to deficiencies is required, a follow-up inspection fee, in addition to actual travelling and other expenses incurred, will be applied.

Keep this completed form on site to have available for inspection when requested.

Please reply by fax or mail to:

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
200 – 1765 West 8th Avenue, Vancouver, BC V6J 5C6
tel 604-733-2440 or toll free 800-663-1940 fax 604-733-2493 or toll free 800-377-8129