



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

[♦] Complete the Sterile Compounding section starting bottom of page 6.

**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 [Ⓐ]								

[Ⓐ] When the pharmacy is closed but the premises remains open to the public.



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 SECTION 6

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 misrepresenting, I am aware that I may be referred to the College's Application Committee and/or 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.bcparmacists.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 or 604-733-2440.

CPBC USE ONLY

Approved by: _____ Approved date: _____



6. PRE-OPENING/CHANGE OF 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
- If not applicable, enter “N/A” under the “Compliant” column and provide the reason in the “Comment” column.
- Digital evidence must be recently produced at the current pharmacy (Change of Layout), or the new pharmacy site (New Pharmacy licence or Change of Location). Digital evidence previously submitted for the same location or any other location is not acceptable. If there are photos that cannot be taken at the site, explain the reasons in the Inspection Report.
- 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"> 1. Stainless steel table 2. Chair 3. Secure container for sharps 4. Sink 5. Soap 6. Hand sanitizer 7. Antiseptic cleaning wipes 8. Paper towel in a dispenser 9. Security Camera 			

Dispensary

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



#	Item	Compliant	Comment	CPBC Use
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 of Layout* application. However, complete the Sterile Compounding section on page 6 if your pharmacy compounds sterile preparations (hazardous/non-hazardous) -----

Equipment and References

#	Item	Compliant	Comment	CPBC Use
4a	Equipment (General): <ol style="list-style-type: none"> Telephone Fax machine Rx balance and calibration tools Glass graduate(s) Mortar Pestle Spatula Funnel Stirring rod Ointment slab/ parchment paper Counting tray Soap in a dispenser Paper towels in a dispenser Plastic/metal garbage containers Plastic lining 			
4b	Equipment (Electronic Recordkeeping) <ol style="list-style-type: none"> Device for inputting/creating coloured electronic records (e.g. scanner) Backed up records storage area OR N/A = Not storing prescriptions electronically			
4c	Rx filing supplies (e.g. folders/binders)			
4d	Equipment (Cold Chain) <ol style="list-style-type: none"> Refrigerator Digital thermometer/temperature monitoring system Temperature log/record 			



#	Item	Compliant	Comment	CPBC Use
4e	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>			
4f	Equipment and Supplies (iOAT) <ol style="list-style-type: none"> 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 <p>OR N/A</p>			
4g	References (CPBC) <ol style="list-style-type: none"> 1. Pharmacy legislation 2. CPBC Professional Practice Policies 3. ReadLinks 			
4h	References (General) <ol style="list-style-type: none"> 1. Compendium 2. Complementary/ Alternative 3. Dispensatory 4. Drug Interactions 5. Non-prescription Medication (2x) 6. Medical Dictionary 7. Pregnancy and Lactation 8. Pediatrics 9. Therapeutics 			
4i	References (if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Opioid Agonist Treatment <ul style="list-style-type: none"> o PPP-66 Policy Guide o BCCSU o CAMH o Monograph <input type="checkbox"/> Veterinary <input type="checkbox"/> Psychiatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Compounding <p>OR N/A</p>			

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			

Complete the section below if your pharmacy compounds sterile preparations

Sterile Compounding (Hazardous/Non-Hazardous)

ANTEROOM

#	Item	Compliant	Comment	CPBC Use
C1a	Functional Parameters 1. <input type="checkbox"/> Non-Hazardous only, 2. <input type="checkbox"/> Hazardous only, and/or 3. <input type="checkbox"/> Shared Anteroom			
C1b	Room Temperature Control/Monitoring Device			
C1c	Demarcation Line			



ANTEROOM – EQUIPMENT AND SUPPLIES

#	Item	Compliant	Comment	CPBC Use
C2a	For Gowning and Garbing 1. Personal Protective Equipment (PPE) a) shoe covers b) hair cover c) beard covers (if applicable) d) surgical mask e) non-shedding protective gown f) non-powdered sterile gloves g) Dedicated apparel (e.g. Uniform/clean room scrubs) 2. Mirror, or other means to verify garbing			
C2b	For Hand Hygiene Cleansing 1. Hands-free sink 2. Soap dispenser 3. Nail picks 4. Alcohol-based hand rub (ABHR) 5. Hand-drying system: <input type="checkbox"/> Lint free towels in a dispenser or <input type="checkbox"/> air hand dryer designed for use in controlled areas 6. Clock 7. Eyewash station (in/nearby anteroom)			
C2c	For Cleaning 1. Cleaning equipment and supplies 2. Disinfectant a) Germicidal detergent b) Sterile disinfectant (70% isopropyl alcohol), AND c) Sporicidal agent 3. Waste container and plastic bags 4. Material Safety Data Sheets			
C2d	Cold-chain equipment 1. Refrigerator 2. Freezer OR <input type="checkbox"/> N/A 3. <input type="checkbox"/> Digital thermometer and Temperature log, or <input type="checkbox"/> continuous temperature recorder OR <input type="checkbox"/> N/A			
C2e	For transferring products 1. Pass-through OR <input type="checkbox"/> N/A 2. Cart OR <input type="checkbox"/> N/A 3. Bin or tray			

CLEAN ROOM

#	Item	Compliant	Comment	CPBC Use
C3a	Functional Parameters: Non-Hazardous Only, OR <input type="checkbox"/> N/A			
C3b	Functional Parameters: Hazardous Only, OR <input type="checkbox"/> N/A			
C3c	Primary Engineering Control (PEC): Non-Hazardous 1. <input type="checkbox"/> LAFW, and/or 2. <input type="checkbox"/> CAI OR <input type="checkbox"/> N/A			
C3d	Primary Engineering Control (PEC): Hazardous 1. <input type="checkbox"/> Class II or Class III BSC, and/or 2. <input type="checkbox"/> CACI OR <input type="checkbox"/> N/A			
C3e	Cold-chain equipment 1. Refrigerator 2. Freezer OR <input type="checkbox"/> N/A			



#	Item	Compliant	Comment	CPBC Use
	3. <input type="checkbox"/> Digital thermometer and Temperature log, or <input type="checkbox"/> continuous temperature recorder OR <input type="checkbox"/> N/A			

OTHER AREAS

#	Item	Compliant	Comment	CPBC Use
C4a	Segregated area(s): Non-Hazardous 1. <input type="checkbox"/> LAFW, and/or 2. <input type="checkbox"/> CAI OR <input type="checkbox"/> N/A			
C4a	Segregated area(s): Hazardous 1. <input type="checkbox"/> Class II or Class III BSC, and/or 2. <input type="checkbox"/> CACI OR <input type="checkbox"/> N/A			
C4c	Storage area for hazardous drugs 1. <input type="checkbox"/> dedicated room, and/or 2. <input type="checkbox"/> in clean room OR <input type="checkbox"/> N/A			
C4d	Storage area for cleaning equipment and supplies			
C4e	Cold-chain equipment in storage area 1. Refrigerator 2. Freezer OR <input type="checkbox"/> N/A 3. <input type="checkbox"/> Digital thermometer and Temperature log, or <input type="checkbox"/> continuous temperature recorder OR <input type="checkbox"/> N/A			
C4f	<input type="checkbox"/> Incubator, or <input type="checkbox"/> Report from a certified external laboratory			
C4g	Signage			

HAZARDOUS STERILE COMPOUNDING – ADDITIONAL SUPPLIES, OR N/A

#	Item	Compliant	Comment	CPBC Use
C5a	Personal Protective Equipment 1. Gloves (D-6978-05 ASTM) 2. Gown 3. Masks (N95 or N100, NIOSH-approved) 4. Goggles and face shield, OR full facepiece respirator			
C5b	Spill kit including chemical cartridge respirator with pre-filter			
C5c	Cytotoxic waste container			
C5d	Surface decontamination and deactivation agents			



DOCUMENTATION

#	Item	Compliant	Comment	CPBC Use
C6a	Compounded product label			
C6b	Compounded Sterile Preparation Log 1. Individual, OR <input type="checkbox"/> N/A 2. Batch, OR <input type="checkbox"/> N/A			
C6c	Policies and Procedures for Compounding 1. Non-Hazardous Sterile Preparation, OR <input type="checkbox"/> N/A 2. Hazardous Sterile Preparation, OR <input type="checkbox"/> N/A			
C6d	General Maintenance Log 1. PEC maintenance and certification 2. Maintenance of devices, instruments and accessories 3. Calibration of temperature probes 4. Calibration of incubator OR <input type="checkbox"/> N/A 5. Forms or schedules to document cleaning and disinfecting activities as per established policy			