## 1. PHARMACY INFORMATION

| Operating Name | External Signage Name | | Proposed Licensing/Completion Date<br>MMM \| DD \| YYYY |
|---|---|---|---|
| **Pharmacy Address** | **City** | **Province**<br>BC | **Postal Code** / **Phone Number** |
| **Email Address** | **Website** | | **Fax Number** |

**Type of Pharmacy Application for this Inspection Report**

☐ New Community Pharmacy Licence ☐ Change of Location (Relocation) ☐ 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 | LICENCE # | FIRST NAME/INFORMAL NAME | LAST NAME | LICENCE CLASS |
|---|---|---|---|---|
| **Pharmacy Manager** | | | | ☒ Pharmacist<br>☐ Pharmacy Technician |
| **Staff #1** | | | | ☐ Pharmacist<br>☐ Pharmacy Technician |
| **Staff #2** | | | | ☐ Pharmacist<br>☐ Pharmacy Technician |
| **Staff #3** | | | | ☐ Pharmacist<br>☐ Pharmacy Technician |
| **Staff #4** | | | | ☐ Pharmacist<br>☐ Pharmacy Technician |
| **Staff #5** | | | | ☐ Pharmacist<br>☐ Pharmacy Technician |

## 5. INFORMATION OF THE PERSON WHO COMPLETED SECTION 6

| **Last Name** | **First Name** | **Completion Date** |
|---|---|---|
| | | |

**Relationship to the Pharmacy**

☐ Pharmacy Manager ☐ Owner (Licensee) ☐ Owner (Non-Licensee) ☐ College Inspector

| **Phone Number of the Person Named Above** | **Email Address of the Person Named Above** |
|---|---|
| | |

☐ 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 Investigation Committee and the pharmacy licence may not be issued.

| **Signature** | **Date**<br>MMM \| DD \| YYYY |
|---|---|
| | |

**The collection of personal information by the College of Pharmacists of BC ("CPBC") is permitted under sections 26(a), (c) and (e) of the Freedom of Information and Protection of Privacy Act, section 41 of the Health Professions and Occupations Act (HPOA), section 21(1)(c.1) and (d.1) of the Pharmacy Operations and Drug Scheduling Act (PODSA), and the bylaws of CPBC made under the HPOA and PODSA. Your personal information is being collected and will be used by CPBC to carry out its mandates under the HPOA and/or PODSA in the public interest. If you have any questions or concerns about this collection, please contact CPBC's Privacy Officer at 604-733-2440 or privacy@bcpharmacists.org.**

## 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 Pharmacy Licensing Team at pharmacy@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 Licensing 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<br>1. Stainless steel table<br>2. Chair<br>3. Secure container for sharps<br>4. Sink<br>5. Soap<br>6. Hand sanitizer<br>7. Antiseptic cleaning wipes<br>8. Paper towel in a dispenser<br>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 | Client 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 | ☐ Locked metal safe OR ☐ Safe declaration | | | |
| 3b | Security camera system AND Surveillance signage | | | |
| 3c | Motion sensors | | | |
| 3d | Monitored alarm<br>OR N/A | | | |
| 3e | Physical barriers<br>OR N/A | | | |
| 3f | Locked area for sharps containers (for iOAT)<br>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):<br>1. Telephone<br>2. Fax machine<br>3. Rx balance and calibration tools<br>4. Glass graduate(s)<br>5. Mortar<br>6. Pestle<br>7. Spatula<br>8. Funnel<br>9. Stirring rod<br>10. Ointment slab/ parchment paper<br>11. Counting tray<br>12. Soap in a dispenser<br>13. Paper towels in a dispenser<br>14. Plastic/metal garbage containers<br>15. Plastic lining | | | |
| 4b | Equipment (Electronic Recordkeeping)<br>1. Device for inputting/creating coloured electronic records (e.g. scanner)<br>2. Backed up records storage area<br>OR N/A = Not storing prescriptions electronically | | | |
| 4c | Rx filing supplies (e.g. folders/binders) | | | |
| 4d | Equipment (Cold Chain)<br>1. Refrigerator | | | |

| # | Item | Compliant | Comment | CPBC Use |
|---|---|---|---|---|
| | 2. Digital thermometer/temperature monitoring system<br>3. Temperature log/record | | | |
| 4e | **Equipment (Methadone)**<br>1. Calibrated device<br>2. Auxiliary labels<br>3. Containers for daily dose<br>4. Client /Rx Log<br>OR N/A | | | |
| 4f | **Equipment and Supplies (iOAT)**<br>1. Needles for client self-injection<br>2. Tourniquets<br>3. Alcohol swabs<br>4. Bandages<br>5. Cotton swabs<br>6. Naloxone and related supplies<br>7. Breathalyzer<br>8. Pulse oximeter<br>9. Blood pressure monitor<br>10. Oxygen<br>11. Bag valve mask<br>12. Disinfectant<br>13. Injectable Hydromorphone Part-Fill Accountability Log<br>OR N/A | | | |
| 4g | **References (CPBC)**<br>1. Pharmacy legislation<br>2. CPBC Regulatory Statements<br>3. ReadLinks | | | |
| 4h | **References (General)**<br>1. Compendium<br>2. Complementary/ Alternative<br>3. Dispensatory<br>4. Drug Interactions<br>5. Non-prescription Medication (2x)<br>6. Medical Dictionary<br>7. Pregnancy and Lactation<br>8. Pediatrics<br>9. Therapeutics | | | |
| 4i | **References (if applicable)**<br>☐ Opioid Agonist Treatment<br>○ HPOA Bylaws Schedule E.12<br>○ RS26-008<br>○ BCCSU<br>○ CAMH<br>○ HC<br>○ Monograph<br>☐ Other References relevant to the services provided at the pharmacy<br>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 | ☐ Shredder OR ☐ 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<br>1. Single entity product<br>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<br>1. ☐ Non-Hazardous only,<br>2. ☐ Hazardous only, and/or<br>3. ☐ Shared Anteroom | | | |
| C1b | Room Temperature Control/Monitoring Device | | | |
| C1c | Demarcation Line | | | |

## ANTEROOM – EQUIPMENT AND SUPPLIES

| # | Item | Compliant | Comment | CPBC Use |
|---|---|---|---|---|
| C2a | <u>For Gowning and Garbing</u><br>1. Personal Protective Equipment (PPE)<br>a) shoe covers<br>b) hair cover<br>c) beard covers (if applicable) | | | |

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

## CLEAN ROOM

| # | Item | Compliant | Comment | CPBC Use |
|---|---|---|---|---|
| C3a | Functional Parameters: Non-Hazardous Only, OR ☐ N/A | | | |
| C3b | Functional Parameters: Hazardous Only, OR ☐ N/A | | | |
| C3c | Primary Engineering Control (PEC): Non-Hazardous<br>1. ☐ LAFW, and/or<br>2. ☐ CAI<br>OR ☐ N/A | | | |
| C3d | Primary Engineering Control (PEC): Hazardous<br>1. ☐ Class II or Class III BSC, and/or<br>2. ☐ CACI<br>OR ☐ N/A | | | |
| C3e | Cold-chain equipment<br>1. Refrigerator<br>2. Freezer OR ☐ N/A<br>3. ☐ Digital thermometer and Temperature log, or ☐ continuous temperature recorder<br>OR ☐ N/A | | | |

## OTHER AREAS

| # | Item | Compliant | Comment | CPBC Use |
|---|---|---|---|---|
| C4a | Segregated area(s): Non-Hazardous<br>1. ☐ LAFW, and/or<br>2. ☐ CAI<br>OR ☐ N/A | | | |
| C4a | Segregated area(s): Hazardous<br>1. ☐ Class II or Class III BSC, and/or<br>2. ☐ CACI<br>OR ☐ N/A | | | |
| C4c | Storage area for hazardous drugs<br>1. ☐ dedicated room, and/or<br>2. ☐ in clean room<br>OR ☐ N/A | | | |
| C4d | Storage area for cleaning equipment and supplies | | | |
| C4e | Cold-chain equipment in storage area<br>1. Refrigerator<br>2. Freezer OR ☐ N/A<br>3. ☐ Digital thermometer and Temperature log, or ☐ continuous temperature recorder<br>OR ☐ N/A | | | |
| C4f | ☐ Incubator, or ☐ 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<br>1. Gloves (D-6978-05 ASTM)<br>2. Gown<br>3. Masks (N95 or N100, NIOSH-approved)<br>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**<br>1. **Individual, OR ☐ N/A**<br>2. **Batch, OR ☐ N/A** | | | |
| C6c | **Policies and Procedures for Compounding**<br>1. **Non-Hazardous Sterile Preparation, OR ☐ N/A**<br>2. **Hazardous Sterile Preparation, OR ☐ N/A** | | | |
| C6d | **General Maintenance Log**<br>1. **PEC maintenance and certification**<br>2. **Maintenance of devices, instruments and accessories**<br>3. **Calibration of temperature probes**<br>4. **Calibration of incubator OR ☐ N/A**<br>5. **Forms or schedules to document cleaning and disinfecting activities as per established policy** | | | |