



1. PHARMACY/SATELLITE INFORMATION							
Operating Name		Pharmacy Licence #/Satellite Authorization # (if known)			Proposed Licensure/Satellite Authorization Completion Date		
Pharmacy/Satellite 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 Hospital Pharmacy Licence/Satellite Authorization <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 INFO
OPIOID AGONIST TREATMENT	Methadone (Maintenance)			SATELLITE(S)			Provide name(s) of the satellites your pharmacy provides administrative support to:
	Oral Morphine						
	Buprenorphine & Naloxone (Suboxone)			RESIDENTIAL CARE SERVICES			Facility Name & Number of Beds:
	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						
	Outpatient						
	Drug Repackaging						

♦ Complete the Sterile Compounding section starting on page 6.

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



4. PHARMACY ROSTER*

STAFF	REGISTRATION #	FIRST NAME/INFORMAL NAME	LAST NAME	REGISTRATION CLASS
Pharmacy Manager				<input checked="" type="checkbox"/> Pharmacist
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

*Use a separate page if more space is needed

5. INFORMATION OF THE PERSON WHO COMPLETED SECTION 6

Last Name		First Name		Completion Date	
				MMM DD YYYY	
Relationship to the Pharmacy					
<input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Authorized Representative (Registrant) <input type="checkbox"/> Authorized Representative (Non-Registrant) <input type="checkbox"/> College Inspector					
Phone Number of the Person Named Above			Email Address 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 of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), and the Freedom of Information and Protection of Privacy Act (FIPPA). The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: 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/satellite complies with each of the following requirements. If compliant, mark “Yes” under the “Compliant” column. If not applicable, enter “N/A” under the “Compliant” column and provide the reason in the “Comment” column.

- For in-person inspections, pharmacy managers may use this form along with [Appendix C](#) as a self-audit tool.
- For digital inspections, submit digital evidence (e.g. photos/videos) using this [Powerpoint template \(Hospital\)](#) together with this Inspection Report to the Licensure Department at licensure@bcpharmacists.org.
- 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 [Appendix C](#) of the *Pharmacy Licensure Guide* for more information (e.g. requirements and recommended content for digital evidence).
- If you are completing a change in layout, only provide digital evidence for the sections with an asterisk “*”

External to Dispensary*

#	Item	Compliant	Comment	CPBC Use
1a	Separate Injection Room for iOAT OR N/A 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	Placeholder for pharmacy licence			
2b	Dispensary area			
2c	Bulk or batch packaging area			
2d	Computer terminals for prescription processing			

Security*

#	Item	Compliant	Comment	CPBC Use
3a	Narcotic storage equipment			
3b	Security system		Describe system used:	



#	Item	Compliant	Comment	CPBC Use
3c	After hours services: <input type="checkbox"/> Locked cabinet OR <input type="checkbox"/> Other secure enclosure (describe)			

Equipment and References*

#	Item	Compliant	Comment	CPBC Use
4a	Equipment (Cold Chain) 1. Refrigerator 2. Digital thermometer 3. Temperature log			
4b	Equipment (Electronic Recordkeeping) 1. Device for inputting/creating coloured electronic records (eg. Scanner) 2. Backed up storage area OR N/A = Not storing prescriptions electronically			
4c	Equipment and Supplies (iOAT) 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			
4d	References		List references available:	

Medication Administration Record

#	Item	Compliant	Comment	CPBC Use
5a	Medication administration record (MAR)			



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			
7c	Hazardous drugs storage area OR N/A			
7d	Storage area for sample drugs OR N/A			

Dispensed Products

#	Item	Compliant	Comment	CPBC Use
8a	Drug packaging			
8b	Drug container label			
8c	Inpatient prescription labels			
8d	Outpatient prescription labels 1. Single-entity product 2. Multiple-entity product OR N/A			
8e	Inpatient pass and emergency department take-home drug labels			
8f	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)			
9b	Policy & procedure manual			



Sterile Compounding* (Hazardous/Non-Hazardous)

Complete the sections below if your pharmacy compounds sterile preparations

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 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 <ol style="list-style-type: none"> Gloves (D-6978-05 ASTM) Gown Masks (N95 or N100, NIOSH-approved) 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 <ol style="list-style-type: none"> Individual, OR <input type="checkbox"/> N/A Batch, OR <input type="checkbox"/> N/A 			
C6c	Policies and Procedures for Compounding <ol style="list-style-type: none"> Non-Hazardous Sterile Preparation, OR <input type="checkbox"/> N/A Hazardous Sterile Preparation, OR <input type="checkbox"/> N/A 			
C6d	General Maintenance Log <ol style="list-style-type: none"> PEC maintenance and certification Maintenance of devices, instruments and accessories Calibration of temperature probes Calibration of incubator OR <input type="checkbox"/> N/A Forms or schedules to document cleaning and disinfecting activities as per established policy 			