



College of Pharmacists
of British Columbia

**PRE-OPENING/CHANGE IN LAYOUT
INSPECTION REPORT**

Hospital/Hospital Pharmacy Satellite

L-Form 10C

Page 1 of 8

1. PHARMACY/SATELLITE INFORMATION

Operating Name	Pharmacy Licence #/Satellite Authorization # (if known)		Proposed Licensure/Satellite Authorization Completion Date	
			MMM	DD
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 in Location (Relocation) <input type="checkbox"/> Change in 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						



**PRE-OPENING/CHANGE IN LAYOUT
INSPECTION REPORT**
Hospital/Hospital Pharmacy Satellite

Form 10C
Page 2 of 8

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 THE NEXT SECTION

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					
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 College's 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.bcpharmacists.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 778-330-0969.

CPBC USE ONLY

--	--

Approved by: _____ Approved date: _____



**PRE-OPENING/CHANGE IN LAYOUT
INSPECTION REPORT**
Hospital/Hospital Pharmacy Satellite

Form 10C
Page 3 of 8

6. PRE-OPENING/CHANGE IN 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 field.

- 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.
- Refer to [Appendix C](#) of the Pharmacy Licensure Guide for recommended content.
- 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 <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	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:	
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			



**PRE-OPENING/CHANGE IN LAYOUT
INSPECTION REPORT**
Hospital/Hospital Pharmacy Satellite

Form 10C
Page 5 of 8

#	Item	Compliant	Comment	CPBC Use
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)			



Hazardous & Non-Hazardous Sterile Compounding^{§§}

§§Pharmacies that compound sterile preparations must fully adopt NARPA's model standards for hazardous and non-hazardous sterile compounding by July 2022. The standards include [Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations](#) and [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#). For more information, visit the College's website at <http://www.bcpharmacists.org/compounding>.

Select N/A if your pharmacy does not compound sterile preparations.

#	Item	Compliant	Comment	CPBC Use
9a	Sterile compounding area(s)			
9b	Anteroom(s) (ISO 8 or 7) <ol style="list-style-type: none"> 1. ISO class 7 (if Hazardous Clean room adjacent or shared anteroom between hazardous and non-hazardous compounding areas) 2. ISO class 8 (if only non-hazardous clean room adjacent) 			
9c	Anteroom equipment <ol style="list-style-type: none"> 1. Stainless steel sink 2. Soap in a dispenser 3. Nail picks 4. Alcohol-based hand rub in a dispenser 5. Lint free towels in a dispenser 6. Or air hand dryer designed for use in controlled areas. 7. Mirror 8. Clock 9. Cytotoxic waste container (if hazardous compounding area) 10. PPE <ol style="list-style-type: none"> a. shoe covers, b. hair cover, c. beard covers, d. surgical mask, e. non-shedding protective gown, f. non-powdered sterile gloves. 			
9d	Non-hazardous sterile compounding clean room (ISO class 7) <ol style="list-style-type: none"> 1. No water sources 2. Positive room pressure relative to anteroom Smooth, impervious, non-porous work surfaces			



**PRE-OPENING/CHANGE IN LAYOUT
INSPECTION REPORT**
Hospital/Hospital Pharmacy Satellite

Form 10C
Page 8 of 8

#	Item	Compliant	Comment	CPBC Use
9e	Primary Engineering Control (PEC) (LAFW/BSC/CAI/CACI) – (ISO class 5)		List of PEC and date of last certification:	
9f	Pass-through AND/OR Clean room cart			
9g	Hazardous sterile compounding clean Room – (ISO Class 7) 1. Negative pressure room relative to anteroom 2. Return air externally vented			
9h	Hazardous drug spill kits			

Pharmacy Manager's Responsibilities

#	Item	Compliant	Comment	CPBC Use
10a	Staff Identification (e.g. name tag/badge)			
10b	Policy & procedure manual			