

Pharmacy inspection readiness form

As part of the application process for a new pharmacy opening, renovation, relocation, or compounding and repackaging licence, a pharmacy practice consultant will attend to the pharmacy to ensure compliance with the

- [Standards of Practice for Pharmacists and Pharmacy Technicians](#),
- [Standards for the Operation of Licensed Pharmacies](#),
- [Foundational Requirements: Guidance Document for Opening a Licensed Pharmacy](#),
- [Standards for Pharmacy Compounding of Non-Sterile Preparations](#), and
- [NAPRA Model Standards for Pharmacy Compounding of Hazardous and Non-Hazardous Sterile Preparations](#).

An inspection must occur prior to issuing a new pharmacy licence or shortly after a pharmacy has relocated or renovated. While a renovation may have only impacted one area of the pharmacy, it is important to note that the **entire pharmacy will still be assessed for compliance**. You must submit this form **immediately** upon completion of a renovation or relocation. If the completion date indicated on your initial application form is delayed, it is **your responsibility** to continue to update the registration department. Failure to do so may impact licensure of the pharmacy site.

In order to ensure your pharmacy is prepared for the pharmacy practice consultant, once you are ready for a pre-opening inspection or assessment, please review, complete, and submit the following checklist to the registration department to schedule the mandatory inspection.

Requirement

The [Foundational Requirements Compliance Checklist](#) has been reviewed and all requirements have been met.

NOTE: If you are applying for a stand-alone compounding and repackaging licence, please refer to the [Foundational Requirements – Compliance Checklist for Compounding and Repackaging Licences](#).

For new pharmacies, or as directed by ACP, I have added all the required images into the [Digital Evidence Submission template](#), which is ready to be submitted once a ShareFile account is provided.

Construction on the pharmacy space is complete, including all electrical fixtures, drywall, and installation of all finishings and equipment. The pharmacy appears neat, tidy and organized.

The final layout of the pharmacy matches exactly the floorplan submitted to ACP, including the location of compounding equipment, sink, locked cabinet or safe, all entrances and exits into the dispensary, and the fridge.

Interior and exterior professional signage, including the hours of operation, [Code of Ethics](#) and [Patient Concerns](#) posters, and a placeholder for the pharmacy license, are hung in the appropriate areas (not applicable to stand-alone compounding and repackaging pharmacies).

Privacy barriers providing suitable audio and visual privacy are installed wherever conversations with patients will occur (not applicable to stand-alone compounding and repackaging pharmacies).

The pharmacy's security system is installed, operational, and ready to be tested.

The pharmacy's phone, fax and computer software are installed, operational, and ready to be tested.

Requirement

If the pharmacy has yet to receive a pharmacy licence (i.e., new pharmacy), the site **does not** have scheduled drug products stored on the premises.

The area where the pharmacy intends to provide injection services is private, furnished appropriately (e.g., table and chairs), and policies and procedures related to anaphylaxis management and needle-stick injuries are displayed (not applicable to standalone compounding and repackaging pharmacies).

The pharmacy's policies and procedures manual is comprehensive, specific to the pharmacy, and complete.

NOTE: For guidance, please refer to ACP's [General Policies and Procedures Manual template](#) and [Non-Sterile Compounding Policies and Procedures Manual template](#).

The pharmacy's refrigerator that stores drug product is either a laboratory-grade or full-size domestic model and the temperature probe is operational, showing the minimum, maximum, and current temperatures.

Compounding requirement (applicable to all pharmacies)

A selection of risk assessments for compounds the pharmacy may prepare is available for review.

Master formulation and compounding records for a selection of compounds the pharmacy may prepare is available for review.

A completed training program or skills assessment for pharmacy personnel related to knowledge or competencies related to compounding is available for review.

Certification is complete for any primary engineering controls (hoods) and secondary engineering controls (rooms), if applicable to the compounding practice.

NOTE: Certification reports must be completed after installation of hoods in their final location and available for review. Manufacturer's factory certification reports are not equivalent.

The pharmacy must be fully functional, professional in appearance, and ready to provide pharmacy services, otherwise you may incur a [re-inspection fee](#) and a delay to your pharmacy's licensure.

Licensee Name and ACP Registration Number

Date