

Template for developing a procedure

Pharmacy compounding of non-sterile preparations

Pharmacy/hospital pharmacy department name:

Procedure #:

Revised: Yes No

Approved by:

Date: *(dd/mm/yy)*

Effective date: *(dd/mm/yy)*

Procedure title:

Aim and objective:

Target personnel:

Required facilities, equipment and material:

Procedures:

List of logs and assessment of competencies required for this procedure:

References:

Procedure history:

Drafted by:

Date:

(dd/mm/yy)

Revised by:

Date:

(dd/mm/yy)

Revised by:

Date:

(dd/mm/yy)