

MEDICATION STORAGE INSPECTION WORKSHEET

Medication Storage Inspection Worksheet: Date _____

Medications	Yes	No	Comments
Medications are not transferred from one container to another except by the pharmacy or family/responsible party.	<input type="checkbox"/>	<input type="checkbox"/>	_____
No unapproved or unauthorized medications are present. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued or expired medications are not present.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications are properly labeled, including expiration dates.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate auxiliary labels are affixed to medication containers.	<input type="checkbox"/>	<input type="checkbox"/>	_____
External and internal medications are stored separately.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Items for external use are clearly labeled.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Potentially harmful substances (reagents, household poisons, cleaning supplies) are clearly identified and stored separately from medications.	<input type="checkbox"/>	<input type="checkbox"/>	_____
There are no deteriorated or contaminated medications.	<input type="checkbox"/>	<input type="checkbox"/>	_____
There are no medication containers that are cracked, soiled, or without secure closures.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued medications are disposed of according to facility policy and state regulations.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal of medications is documented and maintained according to facility policy.	<input type="checkbox"/>	<input type="checkbox"/>	_____

House Stock Medications	Yes	No	Comments
The house stock storage area is clean and free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Only approved items are available as "House Stock."	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expiration dates are current and excessive quantities ("mini-pharmacy") avoided.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Controlled Substances	Yes	No	Comments
Drawer(s) /Box(es) are properly locked.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keys are in the possession of authorized personnel.	<input type="checkbox"/>	<input type="checkbox"/>	_____
All discontinued controlled drugs have been returned to the pharmacy or destroyed according to the facility's policy and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	_____
The controlled substance record reconciles accurately with actual inventory.	<input type="checkbox"/>	<input type="checkbox"/>	_____
There is an accurate record of receipt and disposition of drugs.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes:

Signature of Pharmacist or Director of Nursing / Date
Date

Signature of Nursing Staff/