PHARMACY SERVICE LIAISON VISIT CHECKLIST

Location inspected	Date
Name of unit representative	Name of inspector

1. Internals separated from externals.		
2. Refrigerator temperature is _____. (Should be 35-46 degrees F.)		
3. Refrigerator is free of food.		
4. Restricted access requirements are followed:		
a. Controlled substances are secured.		
b. Unit dose carts/medication cabinet secured.		
5. Storage area free of food and other non-drug items.		

1. Area is free of outdated medications.		
2. Area is clean and orderly.		
3. Area is free of adulterated medications.		
4. All medication is properly labeled.		
5. Medication stock levels are appropriate.		
6. Suitable area for manipulation of parenteral(s)		
7. Crash cart is within expiration date and secured. DATE: _____		

1. Updated MEDDAC Formulary available.		
2. Adequate drug reference material available.		
3. Poison Control phone number is posted.		

Summary Comments