

Storage of Medicinal products (MP) in non-Pharmacy Departments Assessment form

Creator: University Hospital of Wales

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Storage of Medicinal products (MP) in non-Pharmacy Departments Assessment form

Storage location:

1. Confirm the following:

Who will be responsible for approving MP storage area?



If pharmacy complete section 2

Who will be responsible for approving the temperature monitoring equipment and procedures for temperature monitoring?



If pharmacy complete section 3

Who will be responsible for approving MP management procedures?



If pharmacy complete section 4

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Storage location:

2. Pharmacy Review of MP storage area

Where will MP be stored?

Who is responsible for MP storage area?

Is MP storage area secure?

If yes how can the storage area be accessed?

Will other MP or non-pharmaceuticals be stored in the same location?

If yes how will the MP be segregated?

Where will used or returned MP be stored?

MP storage area approved by:

Date:

3. Pharmacy review of temperature monitoring equipment and procedures

Type of thermometer or temperature monitoring device	
Is device calibrated and certificate available	
Are there procedures in place for temperature monitoring of MP storage area that have been approved by pharmacy?	If no, the department should prepare a procedure that pharmacy can approve.
Are the temperature monitoring logs suitable for use?	If no. Pharmacy should recommend changes to the log.
Who will be reviewing temperature monitoring during storage?	
Who should be notified in case of temperature excursion?	
Have relevant staff members been trained to use the temperature monitoring procedure? (Check training log)	
MP temperature monitoring equipment and procedures approved by: Date:	

4. Pharmacy review of MP management procedures

Are there procedures in place for MP management that have been approved by pharmacy?	If no, the storage department should write a procedure that pharmacy can approve.
Who will be responsible for ordering MP?	
Who will be responsible for dispensing MP and completing associated documentation?	
Have relevant staff members been trained to follow the MP management procedures? (Check training log)	
MP management procedures approved by: Date	

5. Approval of remote storage of MP

Remote storage of MP approved by (QA): Sig: Date:	
Remote storage of MP approved by (Director of Pharmacy): Sig: Date:	