



PHARMACEUTICAL SOCIETY OF UGANDA
SELF-INSPECTION CHECKLIST FOR PHARMACIES
(RETAIL PHARMACY)

(This checklist is a Quality assurance tool by the Council to improve, standardize and institutionalize the practice of Pharmacy in Uganda. Council through its regular inspection and surveillance programme will be verifying the details indicated. The Supervising Pharmacists should fill these forms at least once a year and submit a copy to PSU)

Name of Pharmacy: _____

Type of drugs stocked: Human Veterinary

Name of the Supervising Pharmacist: _____ **Reg No:** _____

Date of self-inspection _____ **Duration of existence of the Pharmacy** _____

No	Description	Compliance	
		Yes (√)	No (x)
1.0	License		
1.1	Is there a valid Certificate of Practice for the Pharmacist?		
1.2	Does the Pharmacy have a valid license from NDA?		
1.3	Are both documents prominently displayed on the Premises?		
2.0	Personnel		
2.1	Is the Pharmacist Present at the stipulated times?		
2.2	Are drugs handled only by persons qualified in medicines?		
2.3	Do all the auxiliary staff present have a certificate from PSU?(NB: Only Pharmacy technicians are exempted)		
2.4	Is there an internal training programme for the workers?		
2.5	Are there records for attendance times for the technical staff?		
2.6	Are written job descriptions available for all staff?		
2.7	Does the process of recruitment of staff measure staff competency?		
2.8	Are employee training files maintained ?		
2.9	Do all employees both temporary and permanent have appointment letters?		
2.9.1	Are the activities carried out by interns/Pharmacy students done under supervision of the Pharmacist?		
2.9.2	Is the Pharmacists' advice taken by management?		
2.9.3	Do the staff in the Pharmacy have identification tags with their titles?		
2.9.4	Does the Pharmacy have an organization structure with clear reporting mechanisms?		
2.9.5	Do the staff hold regular technical review meetings on improving the quality of service?		



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		Yes (√)	No (x)
3.0	Premises and layout		
3.1	Does the Pharmacist have a designated suitable sitting area in the Pharmacy?		
3.2	Is the sitting area adequate for counseling and other duties the Pharmacist is expected to execute?		
3.3	Is the sitting area accessible by the patients?		
3.4	Does it allow for the Pharmacist to easily monitor the activities?		
3.5	Are premises cleaned daily and cleaning records maintained?		
4.0	Storage and Procurement of Medicines		
4.1	Are medicines stored as per their storage requirements?		
4.2	Is there a temperature monitoring device for recording the temperatures within the pharmacy?		
4.3	Are there records kept to capture the expiry dates of the stock?		
4.4	Is there a dedicated area for placement of expired drugs?		
4.5	Are the storage areas for the medicines raised above the floor?		
4.6	Does the Pharmacist have access to the storage area?		
4.7	Is the storage area inspected regularly?		
4.8	Are the other persons having access to the storage area authorized by the Pharmacist		
4.9	Are the storage areas cleaned frequently?		
4.9.1	Are all procurements made from a licensed facility?		
4.9.2	Are records of purchases maintained from the various suppliers?		
4.9.3	Does the Pharmacist approve all purchases of medicines?		
4.9.4	Does the Pharmacy have a list of suppliers and their contacts?		
5.0	Documentation		
5.1	Does the Pharmacy have a Quality Policy?		
5.2	Is a Prescription book maintained?		
	Are there Standard Operating Procedures(SOPs) for the following		
5.3	Dispensing including therapeutic review & patient /client counseling?		
5.4	Storage of medicines?		
5.5	Sourcing of medicines?		



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No	Description	Compliance	
		Yes (√)	No (x)
5.6	Expiry date checking?		
5.7	Storage and record keeping for controlled drugs?		
5.8	Disposal and destruction of expired medicines?		
5.9	Error and incident management including entry of error logs?		
5.10	Intervention plans and implementations		
5.11	Housekeeping and Personal hygiene?		
5.12	Is there an implementation date for all SOPs?		
5.13	Is there a review date for all SOPs?		
5.14	Is there evidence that staff have been trained on SOPs?		
5.15	Is there a duty register?		
5.16	Is the duty register being correctly maintained?		
5.17	Is there a daily dispensing report of drugs dispensed?		
5.18	Does the Pharmacist append his signature on the daily dispensing report?		
5.19	Are dispensing reports /prescriptions available for at least 2 years?		
	Are the following reference books/communications available		
5.20	British National Formulary(BNF) for Adults /Veterinary formulary		
5.21	British National Formulary(BNF) for Children(Human)		
5.22	Uganda Clinical Guidelines (Human)		
5.23	Is there a file of communications from PSU/NDA?		
5.24	Is there a medical dictionary available?		
6.0	Professional services		
6.1	Is counseling/drug information provided during dispensing?		
6.2	Are all medicines dispensed with details of the drug name, dose, duration and any precautions clearly written on the envelopes?		
6.3	Do all the Pharmacy staff have knowledge of the ethical code of conduct required of them?		
6.4	Are adverse events detected and reported?(attach copy of forms)		
6.5	Does the Pharmacist evaluate prescriptions for any medication errors or omissions?		
6.6	Is the prescriber contacted in the event of any errors or omissions?		
6.7	Are pills counted from dispensing trays? (Human)		
6.8	Are the technical Pharmacy staff dressed in clean uniforms labeled with clear designations?		



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Quality score

Determine your Quality score in Percentage as prescribed below:

$$\frac{\text{No marked with a Yes } (\checkmark) \times 100}{67 \text{ (Human) } 65 \text{ (Veterinary)}}$$

Quality rating

The Quality rating is as below

- 85 and above – Green
- 70 to 84 - Orange
- Below 70 - Red

Areas of Non-Compliance (Tick as appropriate)

- Premises
- Documentation
- Personnel
- Professional services
- License

Corrective Action (Please describe the corrective action to be undertaken. Attachments can be made if needed)

Remarks (if Any)

Expected Completion date of all the corrective actions _____

Signed: _____ **Signed:** _____
Supervising Pharmacist **Managing Director**

NB:The Pharmacist should sign at the bottom of every page and on the final page