

**San Bernardino County
Department of Behavioral Health**

MONTHLY MEDICATION INSPECTION CHECKLIST

Month: _____ Year: _____

Clinic: _____ **Inspection Date:** _____ **Inspector's Signature:** _____

REQUIREMENT REVIEWED	YES	NO	COMMENTS
Door to Medication Room Locked			
Only authorized medical staff have keys to Medication Room			
Room temperature kept at 59-86° F, 15-30° C Range			
Medication cabinet(s) locked			
Medication cabinet clean and organized			
Medication logs in locked Medication Room			
Medication refrigerator locked			
Functioning thermometer in refrigerator			
Medication refrigerator kept at 36-46° F, 2-8° C Range			
Medications only stored in refrigerator			
Biohazard material(s) (i.e., needles) inside disposal bin, if applicable			
Biohazard signs posted inside and outside medication room, if applicable			
Expired, contaminated, deteriorated or abandoned medications are disposed of properly and recorded in log book			
Expired medications recorded in log book have been placed in disposal container			

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Month: _____ Year: _____

REQUIREMENT REVIEWED	YES	NO	COMMENTS
No expired medications present and no contaminated nor deteriorated drugs found			
No unauthorized medications present			
Disposal container secured and ready for pickup, not tampered			
Medical waste vendor contacted, if container full			
All open medication labeled			
Sample medications recorded in and out			
PAP medications recorded in and out			
Medications received from Pharmacies recorded in and out			
All logs current			
Appropriate level of medication and supplies (verify no overabundance)			
No expired medical supplies, if applicable			

The following Clinic Medical Director or Medical Services designee has verified the aforementioned inspection was conducted and affirms the document is accurate.

Clinic Medical Director or Designee Signature

Date