

Appendix I
Medication Storage Audit Template

Personal Care Home: _____

Audit Completed by: *(name of RPh/RPt)* _____

Signature: _____ **Date of Audit:** _____

Medication Security	Yes	No	Notes
Is medication room locked when not in use by authorized staff?			
Is medication cart locked when not in use by authorized staff?			
Are keys carried by an authorized staff member?			
Are there any areas of the facility/unit that have unsecured medications?			
Medication Storage	Yes	No	Notes
Is the medication room well lit, organized and clean?			
Are medication carts clean and organized (i.e. free from spills, drawers free of dust and debris)?			
All medications administered by staff are labelled by the pharmacy?			
All medications are in their original pharmacy-labelled containers, packages?			
Are all labels pharmacy-generated (i.e. no handwritten changes)?			
Are all labels clean and legible?			
Do any medications show evidence of tampering?			
Are bottles of liquids clean and free from spills?			
Is there any evidence of pre-pouring medications?			
Are medications for oral and topical/other use stored separately?			
Are all hazardous medications labelled?			
Are multi-dose vials/containers (i.e. insulin, eye drops, ear drops, etc.) dated and initialed when first opened?			
Are multi-dose vials/containers (i.e. insulin, eye drops, ear drops, etc.) replaced once they have been opened for the applicable length of time?			
Have all discontinued and expired medications been removed and properly stored for return to pharmacy?			
Are all wasted medications safely stored until they can be destroyed / returned to the pharmacy?			

Refrigerator	Yes	No	Notes
Are medications requiring refrigeration properly stored?			
Is the refrigerator locked or stored in a secured/locked area?			
Is the refrigerator clean and organized?			
Is the refrigerator free of any non-medication items (i.e. food and lab specimens)?			
Are all expired medications removed from the refrigerator?			
Is the refrigerator temperature correct (2 to 8 degrees Celsius)?			
Is the refrigerator temperature checked and recorded daily, at a minimum?			
Narcotic Storage	Yes	No	Notes
Are all narcotics, controlled drugs and benzodiazepines stored in a separate double-locked area?			
Are all locks in good working order?			
Are the narcotic keys in the possession of authorized staff?			
Are all expired medications removed from the narcotic storage area?			
Are narcotics, controlled drugs and benzodiazepines that require refrigeration stored in a locked box within the refrigerator or in a separate locked refrigerator?			
Other Notes:			