

**Los Angeles County Department of Mental Health
Medication Storage Area Inspection Form**

Location:		Inspection Date:	
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Item	Medication Monitoring	YES	NO	N/A
1	Multi-dose vials are clearly dated and initialed when opened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Medications are not retained after expiration date or 30 days after first draw for multi-dose vials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Clinic administered medication done only under direct supervision of prescriber.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	For each medication administered at the clinic, data elements are maintained in the Medication Log: date, client name, amount given, administration site, and administering staff signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	All incoming (receipt) medication logs are maintained for prescriptions for individual clients, LACDMH clinic medications (via LACDMH Special Request Form), and sample medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Room and Refrigerator Temperature Monitoring	YES	NO	N/A
6	Room and refrigerator and temperatures are monitored and recorded weekly into a log showing date, time, temperature, and initial of person responsible for monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Room temperature drugs at 59-86 °F (15-30 °C).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Refrigerated drugs at 36-46 °F (2-8 °C).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	There are no food or non-drug items stored in the medication refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pharmaceutical Samples	YES	NO	N/A
10	Samples are stored only in locked medication room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	A Sample Medication Log includes: date dispensed, amount dispensed, name of authorized physician, initial of person dispensing, and balance of remaining inventory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Medication samples are dispensed under direct supervision of prescribing physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Medication samples are dispensed in the original manufacture's packaging with ample directions on how to take the medication affixed on the package.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medication Disposal	YES	NO	N/A
14	Expired medications are sealed and transported to DMH Pharmacy Services by program manager or permissible designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Medication Disposal log tracks date, medication dosage, expiration date, quantity, signature, and comments/reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Labeling and Storage of Medications	YES	NO	N/A
16	Storage area is clean, neat, and well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	There are no expired, deteriorated, broken, or contaminated medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Security of storage area is adequate and appropriately locked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Medication room access is limited to authorized clinical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	The medication for each patient is kept and stored in its original container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Medications that are taken orally are stored separately from those medications that are applied or injected externally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Non-medication and other substances are stored separately from medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of unmet items with appropriate corrective action plan (Provide Item number):

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Inspected By:		
	Print Name	Signature
Program Manager:		
	Print Name	Signature