

Pharmacy Cleaning and Sanitation Checklist

Cleaning

DATE ____/____/____	PHARMACY / BRANCH	CLEANED BY	FREQUENCY
------------------------	-------------------	------------	-----------

DISPENSARY

- | | |
|---|---|
| <input type="checkbox"/> Work surfaces wiped and disinfected | <input type="checkbox"/> Dispensing fridge cleaned (weekly) |
| <input type="checkbox"/> Counting trays / spatulas cleaned | <input type="checkbox"/> Sink and tap area cleaned |
| <input type="checkbox"/> Computer / label printer area dusted | <input type="checkbox"/> Floor swept and mopped |

COMPOUNDING AREA

- | | |
|---|--|
| <input type="checkbox"/> Bench surfaces disinfected | <input type="checkbox"/> Ointment slabs wiped |
| <input type="checkbox"/> Scales and measuring equipment cleaned | <input type="checkbox"/> Waste disposed of correctly |
| <input type="checkbox"/> Mortar and pestles cleaned after use | <input type="checkbox"/> Spills cleaned immediately |

STORAGE AREAS

- | | |
|--|---|
| <input type="checkbox"/> Shelves dusted (weekly) | <input type="checkbox"/> No expired stock on shelves |
| <input type="checkbox"/> Controlled drugs cabinet exterior wiped | <input type="checkbox"/> Storeroom floor swept |
| <input type="checkbox"/> Stock rotated — FEFO maintained | <input type="checkbox"/> Cold chain fridge temperature logged |

CUSTOMER / RETAIL AREA

- | | |
|--|--|
| <input type="checkbox"/> Counter and point of sale wiped | <input type="checkbox"/> Entrance door and handles wiped |
| <input type="checkbox"/> Product shelves dusted (weekly) | <input type="checkbox"/> Waiting area seating wiped |
| <input type="checkbox"/> Floor swept and mopped | <input type="checkbox"/> Waste bins emptied |

CONSULTATION ROOM & FACILITIES

- | | |
|---|---|
| <input type="checkbox"/> Consultation desk and chair wiped | <input type="checkbox"/> Staff toilet / restroom cleaned |
| <input type="checkbox"/> Blood pressure cuff wiped after each use | <input type="checkbox"/> Handwash stations stocked (soap, towels) |
| <input type="checkbox"/> Sharps bin not overfull | <input type="checkbox"/> Hand sanitiser dispensers refilled |

SIGN-OFF

 All areas completed Yes No — see notes

Issues / maintenance needed

Cleaned by (signature) _____

Pharmacist verification _____

Notes

Go digital with Miratag

 Skip the paper — fill checklists faster on the Miratag mobile app. Add photos, videos, notes and signatures. Track compliance in real time. Start free at miratag.com
This template is a general-purpose resource, not tailored to any specific jurisdiction. Each organisation must validate compliance with local regulations.


Scan to view

Go digital with Miratag

Skip the paper — fill checklists faster on the Miratag mobile app. Add photos, videos, notes and signatures. Track compliance in real time. Start free at miratag.com

This template is a general-purpose resource, not tailored to any specific jurisdiction. Each organisation must validate compliance with local regulations.



Scan to view