

Pharmacy Inventory Checklist

Daily Operations

DATE ____/____/____	COUNTED BY	PHARMACY
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DISPENSARY SHELVES

- | | |
|---|---|
| <input type="checkbox"/> Fast-movers counted and reconciled | <input type="checkbox"/> Near-expiry items flagged (< 3 months) |
| <input type="checkbox"/> Slow-mover shelf reviewed | <input type="checkbox"/> Returned-to-stock items checked |
| <input type="checkbox"/> Stock levels match system (spot check) | <input type="checkbox"/> Empty locations identified for reorder |

REFRIGERATOR & FREEZER

- | | |
|---|--|
| <input type="checkbox"/> All fridge items counted | <input type="checkbox"/> Opened vial discard dates checked |
| <input type="checkbox"/> Insulin stock verified | <input type="checkbox"/> Freezer items counted |
| <input type="checkbox"/> Vaccine inventory reconciled | <input type="checkbox"/> Temperature logs reviewed |

CONTROLLED SUBSTANCES

- | | |
|---|--|
| <input type="checkbox"/> Perpetual inventory count verified | <input type="checkbox"/> Variances investigated and documented |
| <input type="checkbox"/> Physical count matches register | <input type="checkbox"/> Outdated controlled drugs quarantined |

OTC & FRONT SHOP

- | | |
|--|---|
| <input type="checkbox"/> Key OTC categories spot-checked | <input type="checkbox"/> Expired products pulled |
| <input type="checkbox"/> Seasonal items reviewed | <input type="checkbox"/> Shelf labels match product |

SUPPLIES & CONSUMABLES

- | | |
|--|--|
| <input type="checkbox"/> Prescription vials and caps stocked | <input type="checkbox"/> Prescription bags stocked |
| <input type="checkbox"/> Labels and printer supplies | <input type="checkbox"/> Compounding supplies reviewed |

SUMMARY

Total variances found _____ items

Items sent for return / disposal _____ items

Critical reorders placed _____

Pharmacist-in-charge review _____

Notes

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