FAROOQ GENERAL HOSPITAL

CHOTA LAHOR, DISTRICT SWABI, KHYBER PAKHTUNKHWA

Hospital Pharmacy Administrative & Quality Evaluation Checklist

Doc ID: FGH-PHARM-CHK-01
Version: 2.4 / 2026
Area: Main & IPD Pharmacy
Cycle: Monthly / Surprise Audit

Evaluator Name:	_____	**Evaluation Date:**	_____ / _____ / 2026
Designation:	Administrative Officer / Quality Auditor	**Time & Shift:**	_____:_____ [ ] M [ ] E [ ] N
Pharmacist In-Charge:	_____	**Audit Category:**	[ ] Routine [ ] Surprise [ ] Follow-up

Evaluation Key: C = Compliant (Meets standards), **NC** = Non-Compliant (Deficiency noted), **PC** = Partially Compliant (Needs improvement), **N/A** = Not Applicable. Items marked CRITICAL are mandatory patient-safety zero-tolerance checkpoints.

1. Statutory Licensing, Personnel & HR Standards

#	EVALUATION CRITERIA / CHECKLIST ITEM	C	NC	PC	N/A	OBSERVATIONS / SPECIFIC REMARKS
1.1	Valid Pharmacy / Drug Sale License (Form 9 / Category-A) conspicuously displayed STATUTORY	☐	☐	☐	☐	
1.2	Qualified Licensed Pharmacist present & actively supervising on duty CRITICAL	☐	☐	☐	☐	
1.3	Pharmacy duty roster displayed; daily shift-handover logbook documented	☐	☐	☐	☐	
1.4	Staff adhere to professional dress code (clean white coats, ID badges, hygiene)	☐	☐	☐	☐	
1.5	Staff SOP training logs available (Good Dispensing Practices & pharmacovigilance)	☐	☐	☐	☐	

2. Physical Infrastructure, Environmental Controls & Safety

#	EVALUATION CRITERIA / CHECKLIST ITEM	C	NC	PC	N/A	OBSERVATIONS / SPECIFIC REMARKS
2.1	Premises clean, organized, well-ventilated, well-lit, and pest-free	☐	☐	☐	☐	
2.2	Ambient room temp maintained ≤ 25°C with calibrated thermo-hygrometer log	☐	☐	☐	☐	
2.3	Direct sunlight, dampness, moisture, and high heat sources completely shielded	☐	☐	☐	☐	
2.4	Fire extinguisher installed, valid inspection tag, unobstructed access	☐	☐	☐	☐	
2.5	Access control enforced (unauthorized hospital staff and public prohibited inside)	☐	☐	☐	☐	
2.6	CCTV cameras functional and covering billing counter & storage area	☐	☐	☐	☐	

3. Cold Chain Management & Refrigerator Storage

#	EVALUATION CRITERIA / CHECKLIST ITEM	C	NC	PC	N/A	OBSERVATIONS / SPECIFIC REMARKS
3.1	Dedicated pharmacy refrigerator maintaining 2°C to 8°C continuously CRITICAL	☐	☐	☐	☐	
3.2	Twice-daily (Morning & Evening) temperature log recorded, initialed, and kept up-to-date	☐	☐	☐	☐	
3.3	Emergency power backup (UPS / Generator circuit) connected to cold storage	☐	☐	☐	☐	
3.4	Vaccines, biologicals, insulin stored systematically; NO food/drinks stored inside	☐	☐	☐	☐	
3.5	Digital thermometer / data logger functional and verified	☐	☐	☐	☐	

4. Stock Arrangement, Expiry Control & Safety Categorization

#	EVALUATION CRITERIA / CHECKLIST ITEM	C	NC	PC	N/A	OBSERVATIONS / SPECIFIC REMARKS
4.1	FEFO (First-Expiry-First-Out) & FIFO principles strictly followed on shelves	☐	☐	☐	☐	
4.2	Near-expiry medications (< 3-6 months) tagged with colored stickers / isolated	☐	☐	☐	☐	
4.3	Expired / Damaged / Recalled drugs stored in locked Quarantine Box CRITICAL	☐	☐	☐	☐	
4.4	High-Alert Medications (HAM) clearly marked with red alert labels & separated	☐	☐	☐	☐	
4.5	Look-Alike / Sound-Alike (LASA) drugs separated with Tall-Man lettering warnings	☐	☐	☐	☐	
4.6	Medicines stored on pallets/racks ≥15cm above floor (no direct floor contact)	☐	☐	☐	☐	

5. Controlled Substances, Narcotics & High-Risk Medications

#	EVALUATION CRITERIA / CHECKLIST ITEM	C	NC	PC	N/A	OBSERVATIONS / SPECIFIC REMARKS
5.1	Narcotics & controlled drugs stored inside a double-locked steel cupboard/ safe CRITICAL	☐	☐	☐	☐	
5.2	Key custody strictly held by designated In-Charge Pharmacist on duty	☐	☐	☐	☐	
5.3	Narcotic Register updated with Patient MR#, Dr. Name, Batch & stock tally STATUTORY	☐	☐	☐	☐	
5.4	Original doctor prescriptions retained, stamped "DISPENSED", and filed securely	☐	☐	☐	☐	
5.5	Daily physical counts match register balance exactly at each shift handover	☐	☐	☐	☐	

6. Dispensing Protocols, Patient Counseling & Clinical Safety

#	EVALUATION CRITERIA / CHECKLIST ITEM	C	NC	PC	N/A	OBSERVATIONS / SPECIFIC REMARKS
6.1	Dispensing performed strictly against valid, signed doctor prescription CRITICAL	☐	☐	☐	☐	
6.2	Five Rights checked: Right Patient, Right Drug, Right Dose, Right Route, Right Time	☐	☐	☐	☐	
6.3	Clear verbal counseling & directions explained in local language (dosage, food interactions)	☐	☐	☐	☐	
6.4	Emergency crash cart / resuscitation drug boxes verified, stocked, and sealed for ER/OT	☐	☐	☐	☐	
6.5	Pharmacovigilance / Adverse Drug Reaction (ADR) and medication error forms available	☐	☐	☐	☐	

7. Hospital Management Information System (HMIS), Billing & Inventory

#	EVALUATION CRITERIA / CHECKLIST ITEM	C	NC	PC	N/A	OBSERVATIONS / SPECIFIC REMARKS
7.1	Itemized computerized invoices/receipts generated for 100% of patient sales	☐	☐	☐	☐	
7.2	HMIS software stock tally matches physical count (Random spot audit of 5 items)	☐	☐	☐	☐	
7.3	Procurements sourced exclusively from DRAP-licensed distributors / manufacturers	☐	☐	☐	☐	
7.4	Original warranty invoices & Goods Received Notes (GRN) filed with batch details	☐	☐	☐	☐	
7.5	Emergency & essential life-saving drug buffer levels maintained (zero stock-out)	☐	☐	☐	☐	

Audit Scoring Summary & Administrative Compliance Rating

Total Items	Compliant (C) [2 pts]	Partially (PC) [1 pt]	Non-Comp (NC) [0 pt]	N/A Items	Total Score	Compliance %	Audit Rating
32 Items					/ 64	%	**[ ] A (≥90%) [ ] B (75-89%) [ ] C (<75% Action Req.)**

Immediate Corrective & Preventive Action (CAPA) Plan

#	Identified Deficiency / Non-Compliance Finding	Required Corrective Action	Responsible Person	Target Date
1				
2				
3				

Administrative Evaluator Overall Remarks & Recommendations

_____

_____

Administrative Evaluator
Farooq General Hospital, Chota Lahor

Signature & Stamp: _____

Pharmacist In-Charge
Pharmacy Department, FGH

Signature & Stamp: _____

Medical Superintendent / Director
Farooq General Hospital, Chota Lahor

Signature & Stamp: _____