

San Mateo County Behavioral Health and Recovery Services
Report of Quarterly Medication Room Inspection

Medication room should be inspected quarterly and Report faxed to OM at 525-1762

Site _____ Year _____ March June Sept. Dec.

	Criteria	Yes	No	Comments
1.	Every stock, sample and current client medication is within its expiration date.			
2.	Medications that are expired, contaminated, deteriorated, or abandoned have been stored in containers labeled "For Incineration" and documented on the Record of Medication and Storage and Removal for Destruction.			
	<ul style="list-style-type: none"> • Medications are stored for removal and destruction. • Medications are removed for destruction quarterly. • Storage and Removal for destruction is documented, with dates, specifics and signatures on the Record of Medication Storage and Removal for Destruction. 			
3.	A record is kept of all "Controlled Substance" medication stored in the medication room, with notations for each dose administered or dispensed.			
4.	Medical waste is stored in sharps container(s) that are not overfilled, i.e. no contents are protruding. Filled Sharps containers are transported to the San Mateo Medical Center or to a disposal agency.			
5.	Keys are limited to authorized medical personnel.			
6.	Medication rooms and cabinets are locked at all times when a medically licensed staff member is not present.			
7.	Poison Control Center 24-hour number is posted in the medication room.			
8.	Medications, not covered by a current order, that are being held for a client are stored in an area clearly separate from stock, sample, and current client medications.			
9.	Medication intended for external use is kept clearly separate from medication intended for internal use.			
10.	Thermometer states room temperature is between 59 – 86 degrees F.			
11.	Thermometer states refrigerator temperature is between 36 – 46 degrees F.			
12.	All multi-dose vials are dated and initialed when opened.			
13.	All dispensed samples are labeled with all information as required by applicable state and federal mandates.			
14.	Prescription blanks are stored in secure location.			

Inspected by (Signature) _____ **Date** _____

Correction Plan Required: No _____ **Yes** _____ **If yes, Plan** _____