PREMISES

☐ Registered area not less than 300 square feet
☐ Compounding area not less than 100 square feet
☐ Compounding area has both hot and cold running water
☐ Registered name of owner on exterior of premises
☐ Heat and air conditioning
☐ Adequate lighting
☐ Bathroom

Pharmacy Department

☐ Exterior sign indicates that there is a department within
☐ Hours of operation for pharmacy department are posted
☐ Exterior sign “pharmacy” cannot be used in juxtaposition to a non-registered name and use of “drugs”, “medicines”, etc. are restricted to the pharmacy department

SECURITY

☐ Solid doors with magnetic door contacts
☐ Installation of an alarmed security system that provides an auxiliary source of power and signals (flashing lights, audible alarms and silent alarms).
☐ Reinforced doors/windows in the pharmacy area

New Establishments

☐ Installation of security cameras at the entrance to the pharmacy and at the pharmacy area.

Pharmacy Department

☐ Permanent partition at least 9’6” or floor to ceiling partition
☐ Separately alarmed and secured from the rest of the establishment

For stores that are not occupied 24 hours a day

☐ Sensors for motion/breaking glass and/or vibration in the pharmacy

EQUIPMENT

☐ Weighing devise sensitive to 6mg
☐ Metric weights (if needed)
☐ Devices capable of measuring volumes from 0.1 ml to 500ml
☐ Mortar and pestle
☐ Refrigerator for drug storage
☐ Thermometer in refrigerator (temperature between 2-8°C; 36-46°F)

REFERENCES

☐ Copies of or access to laws, rules and regulations governing the practice of pharmacy in NYS
☐ Reference resources necessary to carry on the practice of pharmacy

ADDITIONAL ITEMS

☐ Sample prescription label showing FULL Corporate name and address
☐ License and registration of the supervising pharmacist
☐ "Drug Retail Price List Available Upon Request" Sign
☐ Limited English Proficiency Sign, for pharmacies required to provide translation services (8 or more pharmacies commonly owned) "Point to your language. Language assistance will be provided at no cost to you."

NOTE: THIS LIST IS MEANT FOR INFORMATIONAL PURPOSES AND ADDITIONAL ITEMS MAY BE REQUIRED OR REVIEWED AT TIME OF INSPECTION.