

TITLE OF FORM:			
Number of pages:		Procedure Number	
Prepared by:	Date:	Approved by:	Date:
Designation		Designation	

Physical Conditions checklist

Use this checklist to see if your store meets all the requirements.
 Tick the YES box if the statement describes the conditions in your store.
 Tick the NO box if the statement does not describe your store. All conditions with NO will need to be corrected or improved.

No.	CONDITION	YES	NO	REMARKS
1	The store is designated for storing drug and medical supplies and is separated from the dispensing area			
2	The store is secured by locks, burglar bars, on windows and grills on doors			
3	The storeroom building is in good condition, no leaks, cracks, and complete windows			
4	There are enough air vents, and air freely moves in the store. There is a functional fan.			
5	Functional thermometer in each of the storage areas			
6	There are no obvious signs of pests and rodents manifestations in the store			
7	The windows are painted white or have curtains			
8	The store is tidy, shelves and items are dust free; floors are dust and junk free and walls are clean			
9	The fridge is functional and no food stuffs are store together with drugs			
10	Narcotics and expensive drugs, are be kept in a separate locked cabinet or cupboard with additional security.			

Review Date:					
Date Reviewed:					
Signature:					