WORKPLACE ASSESSMENT TOOL

For the week of January 13, 2020 through January 19, 2020, please provide the following information:

PERSONNEL ANALYSIS

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Is your staffing adequate to allow your pharmacy to safely and efficiently serve the public? If not, what suggestions regarding the staffing of your pharmacy would you make?

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PRESCRIPTION ANALYSIS

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<td>Parenteral Prescriptions</td>
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EQUIPMENT AND WORK CONDITIONS

Please check each of the following that are in your pharmacy:

- [ ] Pill counter
- [ ] Baker cell machine
- [ ] ScriptPro machine
- [ ] Scan verification system
- [ ] Regularly scheduled breaks for non-pharmacists
- [ ] Regularly scheduled breaks for pharmacists
- [ ] Direct telephone for physicians
- [ ] Voice mail for refills
- [ ] Drive-thru window
## WORKPLACE ASSESSMENT TOOL

For the week of **March 02, 2020 through March 08, 2020**, please provide the following information:

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**Is your staffing adequate to allow your pharmacy to safely and efficiently serve the public?**

If not, what suggestions regarding the staffing of your pharmacy would you make?

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What equipment or work condition(s) would improve the efficiency and safety of your pharmacy?

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SUGGESTIONS FOR IMPROVEMENT OR COMPLIANCE

If the workflow of your pharmacy could be improved, what would your suggestions be?
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Are you and all of your other pharmacists counseling every patient for whom counseling is required or would be advisable? If not, what suggestions would you make to improve your pharmacy’s compliance with the counseling requirements?
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Do you have any other suggestions that would improve the efficiency and safety of your pharmacy?
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I have reviewed this Workplace Assessment Tool and have the following comments, observations, or suggestions (if any).
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Pharmacist Signature ___________________________ Date ___________________________
I have reviewed this Workplace Assessment Tool and have the following comments, observations, or suggestions (if any).

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Pharmacist Signature                      Date

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Pharmacist Signature                      Date

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**ACCOMPANYING DOCUMENTATION**

Please **have ready** the counseling logs for the specified time for inspector review.

I hereby affirm under penalty of perjury and discipline against my and/or my pharmacy’s license that the above answers are true and complete.

SIGNATURE                      DATE

NAME OF MANAGING PHARMACIST (PRINT)