



Newfoundland & Labrador Pharmacy Board

Suite 201
145 Kelsey Drive
St. John's, NL A1B 0L2

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
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Hospital Pharmacy Self-Assessment

Hospital Name: _____

Pharmacy License #: _____

Pharmacy Director: _____

Pharmacist-in-charge: _____

Pharmacy Address and Other Relevant Information:

Street Address	_____	P.O. Box (if applicable)	_____
City/Town	_____	Postal Code	_____
()	_____	()	_____
Phone Number	_____	Fax Number	_____
Pharmacy Email Address _____			

Please indicate the hours of operation for the hospital pharmacy:

Regular Dispensary Hours:

MON-FRI _____

SAT _____

SUN _____

HOLIDAYS _____

Are there pharmacists available on call after hours?

Yes No

Please provide the following additional information:

Pharmacy Practice Management System(s): _____

Date of last accreditation: _____

***Please attach a copy of the recommendations from the accreditation report.

Total Beds: _____

Acute Care Beds: _____

Long Term Care Beds: _____

Pediatric Beds: _____

Other: _____

Please indicate what types of drug distribution systems are utilized by the hospital pharmacy:

<input type="checkbox"/> Prescription Bottles	<input type="checkbox"/> Unit Dose	<input type="checkbox"/> Controlled Card Systems
<input type="checkbox"/> Ward Stock	<input type="checkbox"/> Automated Dispensing	<input type="checkbox"/> Decentralized Dispensing Cabinets
<input type="checkbox"/> Night Cabinet		(i.e. cabinets in patient care areas)

Does the hospital pharmacy provide any of the following additional services? If so, please complete section on last page.

<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Opioid Dependence Treatment
<input type="checkbox"/> Investigational Drugs	<input type="checkbox"/> Service to Other Hospitals or Clinics
<input type="checkbox"/> Sterile Compounding	<input type="checkbox"/> Service to Long-Term Care Facilities
<input type="checkbox"/> Hazardous Drug Compounding	<input type="checkbox"/> Service to Personal Care or Community Care Homes
<input type="checkbox"/> Specialized Sterile Compounding (eg. TPN)	<input type="checkbox"/> Telepharmacy
<input type="checkbox"/> Non-Sterile Compounding	<input type="checkbox"/> Home IV
<input type="checkbox"/> Oncology	<input type="checkbox"/> Other Details: _____

Does the hospital pharmacy contract out any services to other providers? If so, please complete section on last page.

Yes No