



Instructions: Observe medication preparation area. For each category, record the observation. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of "Yes"+"No". Disregard not applicable categories.

Medication preparation room: Observation Categories				
1	If multi-dose injectable medications are present, is the medication container maintained in a dedicated medication preparation space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2	Is the medication preparation area free of opened single dose vials or opened single use containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer's expiration period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4	Medications are prepared in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	Are splash guards installed at sinks that are located close to medication prep areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	Are sinks readily accessible to healthcare providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Are hand washing supplies, such as soap, and paper towels, available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Are alcohol dispensers readily available, filled, and functioning properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TOTAL (Total YES and No Only)				



Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments: