

Policy and Procedure Template

Pharmacy Name

Policy/Procedure Name: _____

New ☐ Revised ☐

Prepared by: _____

Approved by: _____

Effective Date: _____

Objective/Purpose: Describe the purpose of the SOP

Target Personnel: Use this section to describe the who will be impacted by the procedure. (Choose all that apply)

☐ Non-Sterile Compounding Supervisor

☐ Pharmacist

☐ Compounding Personnel

☐ Cleaning Personnel

☐ Other _____

Required facilities, equipment and material: (e.g., PPE, materials, instruments, necessary logs)

Procedures: Describe in detail what must be done by each person affected by the procedure, for each step or part of the procedure. Include examples of labels, symbols, logs, etc. that are to be used. Attach any relevant documents

List of logs required for the procedure as necessary (e.g., calibration, temp monitoring, etc)

List of specific competencies necessary to perform the procedure (as appropriate)

Procedure History:

Created by: _____ Date: _____

Revised by: _____ Date: _____

Revised by: _____ Date: _____