

VISUAL INSPECTION CHECKLIST

Name of the product: _____

Date: ____/____/____

A Reasonably safe
for dispensing

B Dispense with
explanation

C Quarantine the product and send the sample
to the Minilab for quality control testing
(risk/benefit assessment)

A. PACKAGING (read the instructions before filling)

	YES	NO	Observations
1. Is there an external packaging? ²	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the external packaging intact?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the internal packaging intact?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the internal packaging provide clear information on the storage? conditions of the medicine?	<input type="checkbox"/>	<input type="checkbox"/>	

B. IDENTIFICATION

	YES	NO	Observations
B.1 Does the external packaging carry the following information on the outer side:			
5. Name of the active ingredient(s) ³ ?	<input type="checkbox"/>	<input type="checkbox"/>	
6. The amount of active ingredient per dosage unit or packaging ⁴ ?	<input type="checkbox"/>	<input type="checkbox"/>	
7. The expiry date in an uncoded form (i.e. Exp.Date 06/20, JUN20)?	<input type="checkbox"/>	<input type="checkbox"/>	

B.2 Does the internal packaging carry the following information on the outer side:

8. Name of the active ingredient(s) ³ ?	<input type="checkbox"/>	<input type="checkbox"/>	
9. The amount of active ingredient per dosage unit or packaging ⁴ ?	<input type="checkbox"/>	<input type="checkbox"/>	
10. The expiry date in an uncoded form (i.e. Exp.Date 06/20, JUN20)?	<input type="checkbox"/>	<input type="checkbox"/>	

C. TRACEABILITY

	YES	NO	Observations
C.1 Does the external packaging carry the following information on the outer side:			
11. The name and address of the manufacturer OR of the company/person Responsible for placing the product on the market?	<input type="checkbox"/>	<input type="checkbox"/>	
12. The batch number?	<input type="checkbox"/>	<input type="checkbox"/>	

C.1 Does the internal packaging carry the following information on the outer side:

13. The name and address of the manufacturer OR of the company /person responsible for placing the product on the market? ⁵	<input type="checkbox"/>	<input type="checkbox"/>	
14. The batch number?	<input type="checkbox"/>	<input type="checkbox"/>	

D. PHYSICAL APPEARANCE

	YES	NO	Observations
D.1 Powders for suspension and syrups			
15. Is the colour of the powder/solution homogeneous?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is it homogeneous, free from lumps, clots, and foreign particles?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are there clear instructions for preparing the oral liquid solution (type and quantity of liquid to be used and how)? ⁶	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is a dosing device provided with the product?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Is there a mark on the bottle for re-suspending the powder? ⁶	<input type="checkbox"/>	<input type="checkbox"/>	
20. Is the internal container closed with a child-resistant safety cap?	<input type="checkbox"/>	<input type="checkbox"/>	

D.2 Tablets/blisters⁷

21. Have the tablets the same shape, dimension, colour, marks?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Are the tablets free from cracks, erosion, stains, foreign particles?	<input type="checkbox"/>	<input type="checkbox"/>	

D.3 Sterile liquids, powders for injection⁷

23. Is the closure of the internal container intact and airtight?	<input type="checkbox"/>	<input type="checkbox"/>	
24. If there is a second internal container, is it intact and airtight?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Is the colour of the liquid/powder homogeneous?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Is the texture homogeneous, free from lumps/clots, foreign particle?	<input type="checkbox"/>	<input type="checkbox"/>	