



## COLLEGE OF PHARMACIST OF MANITOBA

200 Taché Avenue, Winnipeg, Manitoba R2H 1A7

Phone #: 204-233-1411 | Fax #: 204-237-3468

E-Mail Address: [info@cphm.ca](mailto:info@cphm.ca) | Website: [www.cphm.ca](http://www.cphm.ca)

### PERMANENT PHARMACY CLOSURE AND/OR RELOCATION CHECKLIST

In accordance with the [Practice Direction: Permanent and Temporary Pharmacy Closures](#), the following actions must be completed to ensure the closing procedures adhere to the authority of [The Pharmaceutical Regulations](#) to *The Pharmaceutical Act* and [The Pharmaceutical Act](#).

PHARMACY LICENCE #	PHARMACY NAME
MANAGER LICENCE #	PHARMACY MANAGER NAME
EFFECTIVE DATE OF CLOSURE AND/OR RELOCATION	
REASON FOR PERMANENT CLOSURE AND/OR RELOCATION	

I hereby confirm that I have read and understand the requirements of the [Practice Direction: Permanent and Temporary Pharmacy Closures](#). Furthermore, I acknowledge and agree that if i submit this document electronically and insert my name below, it is equivalent to my original ink signature.

\_\_\_\_\_  
Pharmacy Manager Signature

\_\_\_\_\_  
Date Reported

Upon completion of this form, the pharmacy manager named herein, is required to submit the document in full by email to [fieldops@cphm.ca](mailto:fieldops@cphm.ca) or by fax to 204.237.3468.



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### IN CASES OF PERMANENT PHARMACY CLOSURE AND/OR RELOCATION:

Within ten (10) days of the closing of the original pharmacy site, the pharmacy manager must provide written notification to Health Canada advising of the following:

1. Date of closure of pharmacy and date of opening of new pharmacy, or date of moving narcotics to new location
2. The addresses of the two locations
3. Inventory list of the drugs (including quantity). Additionally, the record must be kept for 5 years and sent to Health Canada no more than 10 days after closing.

The letter and inventory count may be emailed to: [compliance-conformite@hc-sc.gc.ca](mailto:compliance-conformite@hc-sc.gc.ca) For further information or mailing address, please contact Health Canada at (613) 954-1541.

### PART 1:

ACTION REQUIRED FOR PHARMACY CLOSURE OF A PHARMACY	DATE COMPLETED	PHARMACY MANAGER'S INITIALS
<p>At least 30 days before ceasing to operate (or as soon as possible and as soon as reasonable), notify the community served by the pharmacy of the closure or relocation. Notification methods could include package inserts prior to closure, letters, signs, media announcements, etc.</p> <p>Please ensure you send a copy of your community notice to the College via email at <a href="mailto:fieldops@cphm.ca">fieldops@cphm.ca</a> or fax it to 204-237-3468.</p>		
<p><b>Include a specific outline of how this will be completed:</b></p> <p>(Please use another page if needed)</p>		



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ACTION REQUIRED FOR PHARMACY CLOSURE OF A PHARMACY	DATE COMPLETED	PHARMACY MANAGER'S INITIALS
<p>At least 30 days before ceasing to operate (or as soon as possible and as soon as reasonable), advise the patients of the pharmacy closing or relocation and provide them with the name and contact information of the pharmacy where patient prescription records are to be located;</p>		
<p><b>Include a description of how this will be completed:</b> (Please use another page if needed)</p>		
<p>Display signs on the premises informing the public of the pharmacy closure or relocation and the location of pharmacy records;</p>		
<p>In cases of permanent closure, direct fax, and phone lines to another licenced pharmacy, preferably the pharmacy responsible for record storage:</p> <p><b>Name of other licenced pharmacy:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Fax Number:</b> _____</p>		



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### PART 2:

ACTION REQUIRED WITHIN SEVEN (7) DAYS OF CLOSURE OR RELOCATION	DATE COMPLETED	PHARMACY MANAGER'S INITIALS
<p align="center"><b>Within seven days of the operation permanently ceasing or relocating, it is the joint responsibility of the owner and pharmacy manager to:</b></p>		
<p>Notify the registrar of the location where the prescription records from the closed pharmacy will be stored. The records need to be kept in a location that complies with <a href="#">The Personal Health Information Act</a> and be accessible upon request to the College and patients or trustees acting on behalf of the patient; and</p> <p><b>Location:</b> _____</p> <p>_____</p>		
<p>Surrender the pharmacy licence to the College;</p>		
<p>Remove all signs and advertisements that may lead the public to believe that the closed premise is a pharmacy;</p>		
<p>Provide the registrar with a copy of the notice of permanent pharmacy closure or relocation.</p>		