



Pharmacy Closure Form

All fields in this document are required*.

In order to fill out and submit this report, please download and open in a PDF reader.

This information, along with a physical inventory count of controlled substances at the time of closure, must be signed and sent to compliance-conformite@hc-sc.gc.ca within 10 days of a pharmacy closure.

A sample physical inventory form is attached but another format may be used to submit the required information. Please use a format that facilitates data extraction (for example a CSV file or excel file).

These records must be kept for a period of 2 years.

Details of the closing pharmacy

Date of closure		
Pharmacy Name		
Pharmacy chain (if applicable)		
Civic #	Street Name	
Street Type	City	
Province/Territory	Posta Code	Licence # (if applicable)

Actions taken with controlled substances inventory

- Inventory destroyed locally
- Inventory sent to licensed dealer for destruction
- Inventory transferred to another accredited pharmacy

Receiver of Inventory (if applicable)

Pharmacy Name or Licensed Dealer Name:		
Pharmacy chain (if applicable):		
Civic #:	Street Name:	
Street Type:	City:	
Province/Territory:	Postal Code:	Licence # (if applicable):

Printed on:

Sample Inventory Form					
Drug identification number	Product Name	Strength	Quantity	Dosage Form	Unit of measurement

Pharmacist name:	Licence number:
Signature:	Date:
Receiver name:	Licence number:
Signature:	Date: