



**General Acute Care Hospital
Pharmacy Clean Room and Sterile Compounding
Applicant Checklist**



For Pharmacy Clean Room and Sterile Compounding projects, submit the following documents to CAB.

Form #	Item #	Description	Checklist	
HS 200		Licensure & Certification Application – <i>Only complete the fields indicated below.</i> (Title 22, Section 70107)		
	A.1.	Type of Application <ul style="list-style-type: none"> Choose “d. Other change” 		
	A.4.	Type of Change <ul style="list-style-type: none"> Choose “j. Other” specify “Pharmacy Clean Room/Sterile Compounding Project” 		
	A.5.	Type of Facility, Agency, or Clinic <ul style="list-style-type: none"> Choose “j. General Acute Care Hospital” 		
	A.11.	Construction (Title 22, Sections 70109, 70801 & 70803) <ul style="list-style-type: none"> Choose “Yes” or “No” If “YES,” see the “Certificate of Occupancy” below. 	YES	NO
	B.1.	Licensee Name <ul style="list-style-type: none"> Enter the licensee’s name as filed with the Secretary of State. 		
	C.2.	Name of “Current” facility, agency, or clinic <ul style="list-style-type: none"> Enter facility name. 		
	C.3.	Address of facility, agency or clinic <ul style="list-style-type: none"> Enter pharmacy/compounding room address. 		
	D.1. & D.2.	Property <ul style="list-style-type: none"> If location is offsite (of the licensed location), provide proof of control of property – e.g., Deed, Lease, Rental Agreement, Title, etc. 		
	F.1.	Signature		
Certificate Of Occupancy		If “YES” to construction on HS 200 A.11, submit certificate of occupancy issued by OSHPD.		
Floor Plan		Submit floor plan of pharmacy space.		
STD 850		Fire Safety Inspection Request <ul style="list-style-type: none"> Local fire authority must complete. If fire authority requires CAB to provide STD 850 form to them, provide CAB with contact information for the local fire authority. 		
Board of Pharmacy		Submit new Board of Pharmacy License.		
Mobile Unit (if applicable)		Mobile Sterile Compounding Unit Submit the following:		
		<ul style="list-style-type: none"> Vehicle Registration including ID, type & manufacturer (H&S 1765.120(a)) 		
		Control of Mobile Unit <ul style="list-style-type: none"> Title, Lease, etc. 		
		<ul style="list-style-type: none"> CDPH approval of program flex for temporary use of mobile unit to meet patients’ medication needs. (Title 22, 70267(a)) 		
		<ul style="list-style-type: none"> Site Plan showing where mobile unit will be located. 		
		<ul style="list-style-type: none"> Photos of the mobile unit to include identifying information (VIN, license plate, Housing and Community Development (HCD) Insignia) 		