

PHARMACY COUNCIL



CHECK LIST FORM FOR NEW PREMISES

(FOR RETAIL, WHOLESALE OR BOTH RETAIL & WHOLESALE AND WAREHOUSE)

(Made under Section 52 of the Pharmacy Act, 2011)

PREMISES INFORMATION;

i. Name, physical address and location of a new Premises:

Location (*Plot No, House No, Street/ Hamlet, Ward, District and Region*) _____

Name and distance from Public Health Facility (*In metres*) _____

Name and distance from nearby Retail Pharmacy (*In metres*) _____

Distance from the fuel station/bar/garage (*In metres*) _____

ii. Full Name of Proprietor:

Individual _____

Company _____

Please, attach copy of certificate of company registration (name)/ Memorandum and Articles of Association (Yes/No)

iii. Name of registered superintendent:

Pharmacist _____ Reg. No _____ of year _____

Name and address of previous pharmacy which he/she were supervising _____

iv. Size of building and number of rooms/compartments:

Retail pharmacy

Size of the Building in Square Meters (M²) _____

Presence of: -

At least three (3) rooms (*i.e. Display room and Consultation room, Dispensing room & Store room*)

Display room & Consultation room _____ YES/NO

Smooth Shelves with sliding glasses _____ YES/ NO

Fan _____ YES/NO

AC _____ YES/NO

Waiting chair(s) for customers _____ YES/NO

Any other (*mention*) _____

Dispensing & Store room _____ YES/NO
 Air Condition _____ YES/NO
 Fan _____ YES/NO
 Lockable shelves for Prescription drugs and controlled substances _____ YES/NO
 Presence of source of water and a hand washing basin/sink _____ YES/NO
 Provision for sitting desk for superintendent _____ YES/NO
 Dispensing window with sliding glasses _____ YES/NO
 Open
 shelves/pallets _____ YES/NO
 Strong and secured windows _____ YES/NO
 Refrigerator _____ YES/NO
 Any Other (*mention*) _____

Wholesale Pharmacy/Warehouse

At least three rooms (*i.e. Display/Dispatch room, Sales/Record keeping room and Store room*)

Display/Dispatch room _____ YES/NO
 Presence of source of water and a hand- washing basin/sink _____ YES/NO
 Ceiling Fan _____ YES/NO
 AC _____ YES/NO
 Waiting chair(s) for customers _____ YES/NO
 Reception Desk _____ YES/NO
 Display cabinet with glasses _____ YES/NO
 Any other (*present facility mention*) _____

Sales/Record keeping room _____ YES/NO
 Ceiling fan _____ YES/NO
 AC _____ YES/NO
 Provision for sitting desk for superintendent _____ YES/NO
 Lockable shelves for keeping document _____ YES/NO
 Any Other
 (*mention*) _____

Storage room _____ YES/NO
 Air Condition _____ YES/NO
 Strong door toward storeroom _____ YES/NO
 Strong grilled window _____ YES/NO
 Open shelves/pallets _____ YES/NO
 Confined area for recalled and expired drugs _____ YES/NO
 Any other
 (*mention*) _____

v. Security of the Premises:

Provision of adequate barrier _____ Yes/No
 Presence of strong grilled windows _____ Yes/No
 Provision of main entrance double doors; Grilled door outside and glass door inside _____ Yes/No
 Presence of only one main entrance door _____ Yes/No
 Any other present barrier to prevent unauthorized access (*mention*) _____

vi. Equipments:

Presence of water supply and hand wash basin/ Sink in dispensing room_____ Yes/No
 Presence of Dispensing measure (beakers, measuring cylinders etc)_____ Yes/No
 Presence of weigh balance and weights_____ Yes/No
 Presence of mortar and pestle, spatula and dispensing tray_____ Yes/No
 Presence of Hot Plate or any other source of heat_____ Yes/No
 Source of clean and safe water_____ Yes/No

vii. Record Books (To be provided during routine inspection):

Ledger book or an appropriate inventory control system._____ Yes/No
 Prescription only Medicines Book (Dispensing Book)_____ Yes/No
 Controlled drugs Book_____ Yes/No
 General sales drugs Book (Both)_____ Yes/No
 Expired drugs Book_____ Yes/No
 Complaints Handling Book_____ Yes/No
 Visitors Book_____ Yes/No
 Inspection Reports Register_____ Yes/No
 Written procedures for maintenance of cold chain products_____ Yes/No
 Temperature records card_____ Yes/No

viii. If the Proprietor is not a pharmacist, is there any commitment letter or contract agreement_____ Yes/No
(Contract agreement is mandatory before the permit is issued; only contract formatted by the Council is accepted)

ix. For both retail & wholesale pharmacy entrance for retail clients should be separated from the main entrance of wholesale clients *(Clients should use a separate entrance)*

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OBSERVATION FORM FOR NEW PREMISES (FOR RETAIL, WHOLESALE OR BOTH RETAIL AND WHOLESALE)

(Made under Section 52 of the Pharmacy Act, 2011)

A. OBSERVATION

General observations

- i. _____

- ii. _____

- iii. _____

(NB: Size of the building should not be less than 25m² for retail business, not less than 40m² for whole sale and 60m² whole sale & retail businesses, distance should not be less than 300m for retailers from each other)

Recommendations

- i. _____

- ii. _____

- iii. _____

Inspector's declaration

We (names) _____ (Date) _____ (Signatures)

- (i) _____
- (ii) _____

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we have given is **true** and **correct**. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

Owners /Incharge Certification

I (Full Name of Owner)

Certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/Incharge

Date

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of a new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form.

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**OBSERVATION FORM FOR NEW PREMISES
(FOR RETAIL, WHOLESALE OR BOTH RETAIL AND WHOLESALE)
(Made under Section 52 of the Pharmacy Act, 2011)**

B. OBSERVATION

General observations

- i. _____

- ii. _____

- iii. _____

(NB: Size of the building should not be less than 25m² for retail business, not less than 40m² for whole sale and 60m² whole sale & retail businesses, distance should not be less than 300m for retailers from each other)

Recommendations

- i. _____

- ii. _____

- iii. _____

Inspector's declaration

We (names) _____ (Date) _____ (Signatures)

- (i) _____
- (ii) _____

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we have given is **true** and **correct**. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

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