



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL



CHECKLIST FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4,5 & 6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020)

SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: _____ Type of Ownership _____
2. Physical Address of the Applicant: _____ Geo Code: _____
3. Postal Address: _____
4. Contacts (Phone): _____ Email Address: _____
5. Proposed/Existing Business name _____
6. Type of Business: _____

SECTION B: DETAILS OF THE PREMISES LOCATION

	Criteria	Name of premises/facility/area	Distance (Meters)
1.	Name and distance from a nearby Pharmacy and category		
2.	Name and distance from nearby Medical laboratory		
3.	Name and distance from nearby public health facility		
4.	Name and distance from unsuitable or risky premises.		

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

Size of the Building in Square meters (M²) _____ (At least 30M² with four (4) compartments i.e. Consultation room, Display area, Dispensing room & Store)

a) Display area: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses		
Ceiling Fan & Air Condition		
Waiting chair(s) for customers		
Presence of source of water and a hand- washing basin/sink		
Installed Fire Extinguisher		

b) Consultation room (Superintendent Office): (Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Table and chairs in consultation/Record keeping room		
Cupboard for files storage		

c) Dispensing room: (Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Lockable shelves for Prescription drugs and controlled substances		
Dispensing window with sliding glasses		
Open shelves		
Working room thermometer		

d) Store room: (Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Provision for a special cupboard for storage of controlled drugs		
Open shelves/pallets		
Strong and secured windows		
Refrigerator		
Working room thermometer		

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

Size of the Building in Square meters (M²) _____. (At least 60M² with three rooms i.e. Display&Dispatch area, Sales Record keeping room and Store room)

a) Display&Dispatch area: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Display cabinet with glasses		
Ceiling Fan & Air Condition		
Waiting chair(s) for customers		
Reception Desk		
Presence of source of water and a hand- washing basin/sink		
Working room thermometer		
Installed Fire Extinguisher		

b) Sales/Record keeping: (Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Provision for sitting desk and working table for superintendent		
Lockable shelves for keeping document		

c) Storage room: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Strong door toward storeroom		
Strong grilled window		
Open shelves/pallets		
Provision for a special cupboard for storage of controlled drugs		
Confined area for recalled and expired drugs		
Refrigerator		
Working room thermometer		

SECTION E: PRESCRIBED STANDARDS FOR RETAIL & WHOLESALE PHARMACY

Size of the Building in Square meters (M²) _____. (At least 90M² with five rooms i.e. Separate Display&Dispatch area, dispensing room for retail section, Consultation/Sales Record keeping room and Store room)

a) Display for Retail Section: Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses		
Fan & Air Condition		
Presence of source of water and a hand washing basin/sink		
Waiting chair(s) for customers		
Installed Fire Extinguisher		

b) Display & Dispatch area for Wholesale Section: Available/Not available) _____ Size (M2) _____

Description of standard	Availability (YES/NO)	Comment
Display cabinet with glasses		
Ceiling Fan & Air Condition		
Waiting chair(s) for customers		
Reception Desk		
Presence of source of water and a hand- washing basin/sink		
Working room thermometer		
Installed Fire Extinguisher		

c) Dispensing room: (Available/Not available) _____ Size (M2) _____

Description of standard	Availability (YES/NO)	Comment
Fan & Air Condition		
Lockable shelves for Prescription drugs and controlled substances		
Presence of source of water and a hand washing basin/sink		
Dispensing window with sliding glasses		
Open shelves		
Working room thermometer		

d) Consultation (Superintendent Office): /Record Keeping room: (Available/Not available) _____ Size (M2) _____

Description of standard	Availability (YES/NO)	Comment
Fan & Air Condition		
Table and chairs in consultation/Record keeping room		
Cupboard for files storage		

e) Storage room: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Strong door toward storeroom		
Strong grilled window		
Open shelves/pallets		
Provision for a special cupboard for storage of controlled drugs		
Confined area for recalled and expired drugs		
Refrigerator		
Working room thermometer		

SECTION F: SECURITY OF PREMISES

Description of standard	Availability (YES/NO)	Comment
Provision of adequate barrier		
Presence of strong grilled windows		
Provision of main entrance double doors; Grilled door outside and glass door inside		
Presence of only one main entrance door		

SECTION G: RECORD BOOKS (TO BE PROVIDED DURING OPERATION).

Description of standard	Availability (YES/NO)	Comment
Ledger book or an appropriate inventory control system & Bin Cards		
Prescription only Medicines Register & Dispensing register		
Controlled drugs Ledger and /or Register		
General dispensing register		
Expired drugs Book (Unservicable Goods Ledger)		
Complaints Handling Book		
Visitors Book		
Inspection Reports Register		
Written procedures for maintenance of cold chain products		



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**OBSERVATION FORM FOR NEW/EXISTING PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)**

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

General observations

- i. _____

- ii. _____

- iii. _____

- iv. _____

- v. _____

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m)

Recommendations

- i. _____

- ii. _____

- iii. _____

- iv. _____

Inspector's declaration

Name	Designation	Signature	Date
(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/ In charge

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.