



**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 health laboratory		
3.	Name and distance from public health facility		
4.	Name and distance from unsuitable or risky premises.		

**SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY**

i) Size of the Building in Square meters (M<sup>2</sup>) \_\_\_\_\_

ii) **Number of rooms/compartments:** \_\_\_\_\_

At least four (4) rooms (i.e. Consultation room, Display, Dispensing & Store)

a) **Display Room & Consultation room**

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses		
Fan		
Air Condition		
Waiting chair(s) for customers		
Table and chairs in consultation room		
Cupboard for files storage		
Installed Fire Extinguisher		

b) **Dispensing & Store room**

YES /NO

Description of standard	Availability (YES/NO)	Comment
Air Condition		
Fan		
Lockable shelves for Prescription drugs and controlled substances		
Presence of source of water and a hand washing basin/sink		
Provision for sitting desk for superintendent		
Dispensing window with sliding glasses		
Open shelves/pallets		
Strong and secured windows		
Refrigerator		
Working room thermometer		

**SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE**

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

**a) Display & Dispatch room**

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

**b) Display & Dispatch area**

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

**c) Sales/Record keeping**

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		

**d) Storage room**

Description of standard	Availability (YES/NO)	Comment
Air Condition		
Strong door toward storeroom		
Strong grilled window		
Open shelves/pallets		
Confined area for recalled and expired drugs		

**SECTION E: SECURITY OF PREMISES****a) External.**

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		

**a) External.**

Description of standard	Availability (YES/NO)	Comment
Provision of suitable lockable storage poisons		
Provision for a special cupboard for storage of controlled drugs		
Presence of water supply and hand wash basin/ Sink in dispensing room		
Presence of weigh balance and weights		

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

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

**NB: For both retail & wholesale pharmacy entrance for each service should use a separate entrance/reception**



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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

Table with 4 columns: Name, Designation, Signature, Date. Rows (i) and (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.