



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL



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

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

SECTION A: APPLICANT INFORMATION

1. Name of Applicant: _____
2. Physical Address of the Applicant: _____
3. Contacts (Phone): _____ Email Address: _____
4. Proposed Business name _____ Type of Business: _____

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

Date of inspection: _____

	Criteria: Name and Distance from nearby;	Name of premises/facility/area	Distance (Meters)
a)	Name and distance in meters from a nearby Pharmacy		
b)	Name and distance in meters from nearby public health facility		
c)	Name and distance in meters from unsuitable or risky premises.		

SIZE OF THE BUILDING (IF AVAILABLE)

Criteria	Measurement in metres	Area of the building (LxW)
Length (L)		
Width (W)		

SECTION C: OTHER OBSERVATIONS

SECTION D: INSPECTOR'S RECOMMENDATIONS

SECTION E: INSPECTOR'S DECLARATION

	Name	Designation	Signature
i.	_____	_____	_____
ii.	_____	_____	_____
iii.	_____	_____	_____

I, hereby declare that, the information provided here is true and correct to the best of my knowledge. I also know that if eventually it is proved that the information I have given it false, fictitious, fraudulent or based on inadequately verified information, may result in disciplinary or legal action.

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) _____, Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge _____

Date _____