

PHARMACY COUNCIL



CHECK LIST FORM FOR NEW PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

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

PRESCRIBED REQUIREMENTS: -

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*) _____

Size of the Building in Square Meters (M²) _____

Internal height of the Premises (*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 the Superintendent:

Pharmacist _____ PIN _____ of year _____

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

iv. Specifications/Standards to comply with:

Community Pharmacy

Presence of: -

At least three (3) rooms (*i.e. Display room and Consultation room, Dispensing room & Store room*) with white or cream washable walls _____ YES/NO

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

Installed fire extinguisher _____ YES/NO

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.

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
Working room thermometer	YES/NO
Any Other (<i>mention</i>)	

Wholesale Pharmacy/Storage Facilities

At least three rooms (*i.e. Display/Dispatch room, Sales/Record keeping room and Store room*) with white or cream washable walls _____

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
Installed fire extinguisher	YES/NO
Any other (<i>present facility</i>) (<i>mention</i>)	

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 documents	YES/NO
Any Other (<i>mention</i>)	

Storage room	YES/NO
Air Condition	YES/NO
Strong door toward store room	YES/NO
Strong grilled window	YES/NO
Open shelves/pallets	YES/NO
Confined area for recalled and expired drugs	YES/NO
Working room thermometer	YES/NO

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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. 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)

vii. For both community pharmacy & wholesale pharmacy, entrance for community pharmacy 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 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. _____

(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. _____

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

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