

MINISTRY OF HEALTH
PHARMACY COUNCIL

PCF.5(b)



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)

FILL ALL PARTS IN CAPITAL LETTERS

SECTION A: APPLICANT INFORMATION

1. Name of the Applicant: _____
2. Physical Address of the Applicant: _____
3. Contacts (cell phone): _____
4. Proposed Business name _____
5. Type of Business: eg: Retail, Wholesale: _____

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet		
Name and distance from unsuitable area		
Name and distance from public health facility		

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)		
Width (W)		

SECTION C: GENERAL OBSERVATIONS

(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 and distance from unsuitable areas should be not less than 50m)

SECTION D: RECOMMENDATIONS

SECTION E: INSPECTOR'S DECLARATION

Names	Designation	Signatures
(i) _____	_____	_____
(ii) _____	_____	_____

I 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 by the Council that the information I have given it false, fictitious or fraudulent or based on inadequately verified information, may result in appropriate, legal action by the Council.

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner)

I 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