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PHARMACY No.

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**TASMANIAN PHARMACY AUTHORITY**

VERSION MARCH 2016

<b>APPLICATION FOR APPROVAL OF ALTERATIONS TO PHARMACY BUSINESS PREMISES</b>
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This form is to be used if you are proposing to **alter** an existing approved and registered pharmacy business premises. There is no charge for this application.

If you are proposing to **move** the pharmacy to another premises, *even within the same shopping centre*, you must use **Form PNR** (application for approval and registration of a new or relocating pharmacy).

If you are proposing a new name as well as making alterations to the pharmacy, you do not need to submit Form PNC (Pharmacy Name Change), as long as 1.2 below clearly indicates the name change.

**Completed Form can be emailed to:**  
registrar@pharmacyauthority.tas.gov.au

PO Box 1082 Sandy Bay TAS 7005  
Telephone: 0417 752 348

**1 PHARMACY BUSINESSS****1.1 Names of all owners of the pharmacy business**

NAME	EMAIL

**1.2 Details of pharmacy business premises being altered.**

<b>PHARMACY DETAILS</b>	Pharmacy Name:	
	Street Address:	
		P/Code
<b>NEW PHARMACY NAME</b> <i>(if not applicable, leave blank)</i>	Proposed New Pharmacy Name: _____	
	New pharmacy name to commence: _____/_____/20_____	

**1.3 Contact details** (for all correspondence in relation to this application)

<b>Name:</b>	
<b>Address:</b>	
	<b>P/Code:</b>
<b>Phone/Mobile:</b> _____	
<b>Email:</b>	

**2. THE PREMISES**

**2.1 Please briefly outline/describe the proposed alterations and changes to be made**

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**2.2 When is it proposed to start work on the premises?** ...../...../20.....

**2.3 Building Approval**

Please attach a copy of the Council Building permit/approval for all **structural** alterations.

**2.4 Is it proposed that these pharmacy premises will be used for access to another business? eg: A Doctor's surgery**

**YES**

**NO**

*Provide details of that other business, including type and ownership - attach further documentation, if necessary.*

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2.5 Is it proposed that any person will conduct in these premises any form of business or agency other than a pharmacy?

YES




NO

Provide details of that other business, including type and ownership - attach further documentation, if necessary.

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2.6 Will vaccination or immunisation services be provided within the pharmacy premises at any time (even briefly), either by trained pharmacy staff or by a visiting health professional?

YES




NO go to question 2.7

2.6.1 Will the vaccinations/immunisations be administered:

	YES	NO
By Staff (including part time or casual employees)		
Pharmacist		
Nurse		
By a Visitor/Third Party Providers (including contractors)		
Pharmacist		
Doctor		
Nurse		
Other (specify)		
Are the services to be offered for a <b>limited</b> time in <b>temporary space</b> ? <i>If from a <b>temporary space</b>, you need to apply <b>each year</b> using <b>Form PV</b>, Application for Approval of a Vaccination Area in a Pharmacy Business Premises</i>		

2.6.2 Will the vaccination area be:

	YES	NO
Private for sound*		
Private in terms of visibility*		
Accessible by disabled clients		
Of sufficient size to have three seats: for the practitioner, the client and a carer; and for the client to lie down if there is an adverse reaction		
Please specify the room's dimensions:.....		

\* If screens are being used, please provide details about their construction and height:

.....

.....

**2.6.3 Will the Vaccination area have:**

	YES	NO
A sharps disposal bin		
Medical waste bin		
Hand washing or hand sanitation facilities		
Access to a fridge		
Room for a client to lie down and have first aid/CPR administered		
Sufficient room for all necessary equipment and records		
Seating nearby, visible from the dispensary, to observe clients after vaccinations		
Security and privacy of any/all client records either stored there or as relevant for the day's bookings		

**2.6.4 Is the vaccination room also used for:**

	YES	NO
Storage of stocks of scheduled items		
Storage or preparation of Webster packs		

**2.7 Is there access for disabled persons?**

YES

NO – please attach advice of how this will be rectified

**3 FLOOR PLAN AND LAYOUT DETAILS** (see last page for definition of “dispensary)**3.1 Enclose a floor plan of the premises, drawn to scale, which clearly show:**

- i) location, dimensions and area of dispensary; (See appendix for definition of dispensary). **Please clearly mark the boundary of the dispensary on the plans.**
- ii) Location of areas for storage and display of Schedule 2 and Schedule 3 medication (which must comply with Poisons Regulation). **Please clearly mark the plans showing the 4m boundary for Schedule 2 medications ensuring clear line of sight from the dispensary.**
- iii) is constructed in a manner which minimises distractions to dispensary processes;
- iv) location, dimensions and area of dispensing benches, including height of benches and height of any screens between the dispensary and trading area;
- v) location of stainless steel sink and reticulated hot and cold water
- vi) locations of Narcotics safe, refrigerator and heating facilities for the dispensing and compounding of drugs and medicines;
- vii) location(s) of computer equipment and showing the area of bench space occupied by this equipment;
- viii) location and dimensions of counselling area or room
- ix) location and dimensions of vaccination/immunisation area or room;
- x) location and dimensions of storeroom(s) or secure unpacking area;
- xi) location and dimensions of trading area; including counters and gondolas
- xii) location(s) and dimension(s) of any other rooms or areas, eg office, staffroom, beauty treatment room, earpiercing room, pregnancy testing room, toilets;
- xiii) location and dimensions of any agencies, eg Post Office, Bank or ATM , Health Insurance, Tattsлото, Credit Union;
- xiv) location of doors and windows.

**4 SECURITY**

**4.1 Perimeter** - Describe how the perimeters of the building are protected from illegal entry.

<b>Doors</b>	
<b>Windows</b>	
<b>Skylights</b>	

**4.2 Intrusion Detection**

Will an alarm system, fitted with a siren and monitored to a central monitoring station on a 24-hour basis, be installed ?

YES

**Will the system:**

comply with the recommendations of your insurer or the police?

YES

NO

ii) be set and tested daily?



iii) be inspected at least annually under contract?



iv) be monitored for line failure and send an alarm if the line is dead?



**4.3 Narcotics Storage**

Is the narcotics safe constructed and located in accordance with Poisons Regulations 2008 – Regulation 25

YES

**Brand and Model of Safe** \_\_\_\_\_

Is the safe a floor or in-ground safe? \_\_\_\_\_

If it is a floor safe, how much does it weigh? \_\_\_\_\_

Is the safe glued and bolted to a concrete floor?

YES

NO

Is a “Day Safe” (a lockable drawer or cupboard used solely for storage of Schedule 8 substances only while the pharmacy is open) to be operated in accordance with Pharmaceutical Services Branch requirements?

**DECLARATION**

I / We hereby declare that the information provided in this application is true and correct

Please sign below:

Please **PRINT** your name legibly

.....

.....

.....

.....

Dated: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

**False Declaration:** *A person found guilty of making a false or misleading statement is guilty of an offence and is liable to penalties (Section 68, Pharmacy Control Act 2001).*

**Checklist:** the following items must be attached to this application.

- Internal plans which clearly show all of the items specified in Section 3
- A copy of council building permit (see 2.3) if relevant
- Plans to make the premises accessible for people with disabilities

<b>Appendix - Definition of a Dispensary</b>
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The Authority has adopted the following definition of a dispensary.
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The dispensary **sits within** the professional service area of the pharmacy. The professional services area may also include counselling areas, prescriptions in/out counters and where Schedule 2 items are stored.

The dispensary is that part which:

- a) is an area within a pharmacy that a pharmacist reserves for the dispensing or preparation of prescriptions and scheduled medicines; and
- b) is enclosed by walls and/or partitions which ensure privacy for the pharmacist; and
- c) provides an environment where a pharmacist can undertake dispensing and other functions in a safe and professional manner (including measures to control and minimise distractions); and
- d) is an area where schedule 3 and schedule 4 medicines are stored; and
- e) is an area to which the public is denied access; and
- f) is positioned to allow a pharmacist to effectively supervise that part of the pharmacy premises where schedule 2 and unscheduled medicines are kept, sold or supplied; and
- g) is an area where the pharmacist has ready access to required reference materials; and
- h) is an area separate from where items other than medicines are kept or stored; and
- i) is an area in which medicines are stored in a manner which will not promote the sale of a product or to which undue attention would be drawn; and
- j) is separate from the area for unpacking goods.

<b>PERSONAL INFORMATION PROTECTION STATEMENT</b>
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<p>Personal information will be collected from you by the Tasmanian Pharmacy Authority for the purpose of administering the ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the <i>Personal Information Protection Act 2004</i>. You may access your personal information on request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.</p>
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