



### DECLARATION OF COMPLETION of NEW PHARMACY PREMISES AND INTENTION TO COMMENCE TRADING ADVICE

**This Form and Form SIF "Self-Inspection Form" must be lodged prior to commencement of trading,**

when the opening date is confirmed, so that the Authority can approve and register the premises and issue the Certificate of Registration of Pharmacy Business Premises. Commencement of trading prior to the premises being approved and registered by the Authority is an offence under s71F of the *Pharmacy Control Act 2001*. This declaration is made under the *Oaths Act 2001*.

PHARMACY NAME: \_\_\_\_\_

PHARMACY STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

PHARMACY PHONE NUMBER \_\_\_\_\_

PHARMACY EMAIL \_\_\_\_\_

TRADING IS DUE TO COMMENCE ON \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

**DECLARATION:**

I, \_\_\_\_\_ AHPRA No: \_\_\_\_\_  
Clearly PRINT the name of the Registered Pharmacist making this declaration

POSITION \_\_\_\_\_  
EITHER an owner of this pharmacy, OR the Pharmacist appointed by the owner(s) to be regularly and usually in charge

**declare that:**

- a) the new pharmacy business premises detailed above have been completed in accordance with the plans, specifications and details provided to, and approved in-principle by, the Tasmanian Pharmacy Authority; *and*
- b) the monitored security system, narcotics safe, equipment, up-to-date reference material and resources are all in place; *and*
- c) **Attached** is the completed and signed **SIF - Self-Inspection Form**; *and*
- d) I believe that the premises comply with the *Pharmacy Control Act 2001* and are ready for inspection; *and*
- e) **in the event that this is a relocated pharmacy**, the previous pharmacy premises known as:

\_\_\_\_\_  
(Pharmacy Name)

at \_\_\_\_\_  
(Street Address)

**Officially will cease/ceased trading on** \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_ **and all**  
**signage relating to that pharmacy business, and all its stock, equipment and records were removed; and**

- f) I am authorised to make this declaration.

**I make this solemn declaration under the *Oaths Act 2001***

Declared at: \_\_\_\_\_ On: \_\_\_\_\_  
Place Date

\_\_\_\_\_  
Signature

Before me: \_\_\_\_\_  
Signature of Justice, Commissioner for Declarations or authorised person

**Advice to applicant:** When the Authority receives this form, an inspection will be arranged with you to inspect the pharmacy premises. All matters identified during the inspection about which the Authority contacts you must be addressed in the timeframe specified by the Authority.