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PHARMACY No.

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**TASMANIAN PHARMACY AUTHORITY**

VERSION 6/22

APPLICATION FOR APPROVAL OF ALTERATIONS TO PHARMACY BUSINESS PREMISES
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This form is to be used if you are proposing to **alter** an existing approved and registered pharmacy business premises. The fee for this application is 150 fee units which converts to \$247.50 in 2022.

This form must be lodged with the Authority and approval given before alterations begin.

When alterations are approved, an in-principle approval will be issued for six (6) months. If alterations are not finalised during that time, you will need to request an extension. Any extensions are in effect for a further six (6) months from the date of extension. If alterations are not completed within a 12-month period from the date of the initial approval, then the approval will lapse and you will need to apply again, with full paperwork and another payment.

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, please complete Form PNC – Application for Pharmacy Name Change.

Applications will be returned to the applicant if the checklist is not completed.

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

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

1 PHARMACY BUSINESS

Names and email addresses of the owner/s of the pharmacy business (Eligibility Certificate holder/s)

NAME	EMAIL

1.2 Details of pharmacy business premises being altered.

PHARMACY DETAILS	Pharmacy Name:	
	Street Address:	
		P/Code
	Pharmacy Email:	
	Pharmacy Phone:	
	Pharmacy Fax:	

1.3 Contact details (for all correspondence in relation to this application. Documentation will be sent to this email)

Name:	
Position (eg Pharmacist in Charge, Owner etc):	
Address:	
	P/Code:
Phone/Mobile: _____	
Email:	

2. THE PREMISES

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

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

*** Work cannot begin on any alterations until TPA approval in principle is given.**

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.

- 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.

.....

.....

.....

- 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? **(Please complete this section even if you are not altering your current vaccination area)**

YES



NO go to question 2.7

- 2.6.1** Dimensions of the vaccination room: _____

- 2.6.2** Will the vaccinations/immunisations be administered:

	YES
By Staff (including part time or casual employees)	
Pharmacist	
Nurse	
By a Visitor/Third Party Providers (including contractors)	
Pharmacist	
Doctor	
Nurse	
Other (specify)	

- 2.6.3** Will the vaccination room be:

	YES	NO
Private for sound		
Private in terms of visibility		
Accessible by clients with disabilities		
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		
Have a lockable door to the room. Any doors leading from the room to other parts of the pharmacy such as storerooms are always kept locked.		

- 2.6.4** Will the vaccination room have:

	YES	NO
A sharps disposal bin located at least 1300mm from the floor		
Medical waste bin		
Hand washing or hand sanitation facilities		
Access to a fridge which is monitored twice daily in accordance with the Strive for 5 requirements		

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		
An anaphylaxis kit to deal with adverse reactions (as per the Australian Immunisation Handbook Guidelines)		

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 persons with a disability to the public areas of the pharmacy?

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, professionally drawn to scale, which clearly show:

- Location, dimensions and area of dispensary; (See appendix for definition of dispensary). **Please clearly mark the boundary of the dispensary on the plans**
- 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**
- Is constructed in a manner which minimises distractions to dispensary processes
- Location, dimensions and area of dispensing benches, including height of benches and height of any screens between the dispensary and trading area
- Location of stainless-steel sink and reticulated hot and cold water
- Locations of Narcotics safe, refrigerator and heating facilities for the dispensing and compounding of drugs and medicines
- Location(s) of computer equipment and showing the area of bench space occupied by this equipment
- Location of dispensing robot if used. Brand and model number to be noted
- Location and dimensions of counselling area or room
- Location and dimensions of vaccination/immunisation area or room
- Location and dimensions of storeroom(s) or secure unpacking area
- Location and dimensions of trading area; including counters and gondolas
- Location(s) and dimension(s) of any other rooms or areas, eg office, staffroom, beauty treatment room, earpiercing room, toilets
- Location and dimensions of any agencies, eg Post Office, Bank or ATM , Health Insurance, Tattsлото, Credit Union; and
- Location of doors and windows.

4 SECURITY

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

Doors	
Windows	
Skylights	

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?

<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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?.....

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION BY OWNER/S:

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:

- Have you completed every section of this form or noted "NA" if not applicable?
- Have you applied for alterations in the legal name/s of the pharmacy owner/s (EligibilityCertificate holders) ?
- Have you attached professionally drawn internal plans which clearly show all items listed in Item 3?
- Have you attached a copy of the council building permit (see 2.3) if relevant?
- Do you need to attach plans to make the premises accessible for people with disabilities?
- If you operate an agency, eg Tattsлото – have you attached documentation relating to other businesses operating from within the pharmacy, eg Franchise Agreements?

Appendix - Definition of a Dispensary

The Authority has adopted the following definition of a dispensary.

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.

Please note that approval of alterations by the Tasmanian Pharmacy Authority does not automatically infer s90 approval will be given by ACPA

PERSONAL INFORMATION PROTECTION STATEMENT

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 *Personal Information Protection Act 2004*. You may access your personal information on request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.