



SELF-INSPECTION FORM
NEW PHARMACY BUSINESS PREMISES
or FOR USE FOR REGULAR CHECKS OF PHARMACY PREMISES

Pursuant to Part 4 of the Pharmacy Control Act 2001

Use this form after the development of new pharmacy premises have been completed, to determine whether the premises meet the requirements of the Pharmacy Control Act 2001 and are therefore ready for registration and Inspection by the Authority. This form can also be used when pharmacists wish to ensure premises are meeting the requirements of the Act and Guidelines.

This Form must be submitted together with Form DOC (Declaration of Completion of New Pharmacy Premises and Intention to Commence Trading Advice) PRIOR TO the commencement of trading of new or relocated pharmacies.

Pharmacy's full name:
Pharmacy's physical address:
Phone: Fax:.....
Email address:.....
Owner:
Pharmacist – in – Charge.....
i.e., the pharmacist regularly and usually in charge

FOR NEW PREMISES ONLY:

- 1. Have the premises been developed and fitted out in accordance with plans approved-in-principle by the Authority? YES / NO

IF NO, PLEASE CONTACT THE REGISTRAR TO ADVISE ACCORDINGLY AND PROVIDE AN UPDATED COPY OF THE PLANS

A. PHARMACY DESIGN

<p>A1 Is the pharmacy relocating from another site? IF YES, has all the pharmacy signage been removed from the old site? TPA Guidelines v6 s7</p>	<p>YES / NO / NA YES / NO</p>
<p>A2 Has the pharmacy, if relocated, updated all internet references, amending them to reflect the new address? TPA Guidelines v6 s7</p>	<p>YES/ NO/NA</p>
<p>A3 Does the pharmacy have a s90 Medicare License to be an Approved PBS Supplier?</p>	<p>YES / NO</p>
<p>A4 If the pharmacy does not have a s90 Medicare Licence, is the Limited Supply Notice prominently displayed? TPA Guidelines v6 s6</p>	<p>YES / NO / NA</p>
<p>A5 Do the premises comply with the Building Code and other State or Council legislative requirements on matters such as fire safety and occupational health and safety? Pharmacy Control Act s71E(3)(g), TPA Guidelines v6 s8</p>	<p>YES / NO</p>
<p>A6 Is the pharmacy constructed to be secure from unauthorised access through doors, windows, walls, and ceilings? Pharmacy Control Act s71E(3)(c) and TPA Guidelines v6 s8</p>	<p>YES / NO</p>
<p>A7 Does the pharmacy have an alarm system fitted with a siren which is monitored by a central monitoring station on a 24-hour basis?</p> <p>A7a How are the premises locked/unlocked Key? Swipe card? Press Button? Other? Please specify.....</p> <p>A7b How is the alarm activated/de-activated? Numerical keypad? Press button fob? Swipe card?</p> <p>A7c Does the process of secure access to the premises comply with the Tasmanian Pharmacy Authority Guidelines, i.e. require a two-phase alarm system?</p> <p>A7d Does anyone other than a pharmacist have the ability to unlock the pharmacy? A7e Are non-pharmacists allowed in the pharmacy without the direct supervision of a pharmacist?</p> <p>Pharmacy Control Act s71E(3)(c) and TPA Guidelines v6 s8 and s8.1</p>	<p>YES/ NO</p> <p>YES / NO YES / NO YES / NO YES / NO</p> <p>YES / NO YES / NO YES / NO</p> <p>YES / NO</p> <p>YES / NO YES / NO</p>

<p>A8 Does the alarm system have a back-up and monitoring system, such that any attempt to disable or isolate the alarm system, or linefailure, will still result in a response?</p> <p>Pharmacy Control Act s71E(3)(c) and TPA Guidelines v6 s8</p>	<p>YES / NO</p>
<p>A9 Does the pharmacy have an area for the unpacking and storage of goods which is not in the professional service area, which is a workable size commensurate with the size of the pharmacy and denies access to any member of the public?</p> <p>Pharmacy Control Act s71E(3)(d) and TPA Guidelines v6 s8</p>	<p>YES / NO</p>
<p>A10 Is there an area for the provision of counselling about dispensed or other medicines, so that the privacy of the person receiving the counselling can be assured?</p> <p>Pharmacy Control Act s71E(3)(d)(ii) and TPA Guidelines v6 s8</p>	<p>YES / NO</p>
<p>A11 Does the pharmacy have access for persons with a disability or mobility concerns? <i>I.e.: Ramp access or similar. Could someone in a wheelchair open and fit through the doors?</i></p> <p>A11a If no how does the pharmacy deal with issues of access for such persons?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Pharmacy Control Act s71E(3)(e) and TPA Guidelines v6 s8</p>	<p>YES / NO</p>
<p>A12 Is there direct access for the public provided by a street or public walkway (i.e.: not through a separate business)?</p> <p>Pharmacy Control Act s71E(3)(e) and TPA Guidelines v6 s8</p>	<p>YES / NO</p>
<p>A13 Does the pharmacy comply with supermarket access rules as follows:</p> <ul style="list-style-type: none"> • The pharmacy is not located wholly or partly within a supermarket; or • The pharmacy is not capable of being entered from within a supermarket; or • The pharmacy is not capable of being used to gain entry to a supermarket. <p>Pharmacy Control Act s71E(2)(c) and TPA Guidelines v6 s8</p>	<p>YES / NO</p>
<p>A14 If the pharmacy premises are new, relocating or have undergone approved alterations, is access to any other premises shown on the plans approved by the Authority and consistent with those plans?</p> <p>Pharmacy Control Act s71E(3)(f) and TPA Guidelines v6 s8</p>	<p>YES / NO / NA</p>
<p>A15 If the pharmacy has any adjoining premises, is the access controlled so that only the registered pharmacist has access to the pharmacy premises after hours.</p> <p>.....</p> <p>.....</p> <p>Pharmacy Control Act s71E(3)(f) and TPA Guidelines v6 s8</p>	<p>YES / NO/NA</p>

<p>A16 Are there any other businesses operating within the pharmacy? Eg: Lotto agency, newsagency, insurance agency, ATM machine IF YES – please provide details of that business below: A16a If there are other businesses, please provide below details of after-hours access by those above listed businesses: Pharmacy Control Act s71E(3)(f); and TPA Guidelines v6 s8</p>	YES / NO
<p>A17 Are tobacco products or alcoholic beverages sold on the premises? Pharmacy Control Act s71E, PharmBA Guidelines on Practice-Specific Issues Guideline 9 and TPA Guidelines v6 s18</p>	YES / NO
<p>A18 Are any animals present on the premises? (Guide dogs and accredited assistance dogs are exempt –but please supply/request documentation if an animal is present) Pharmacy Control Act s71E, Dog Control Act 2000 and TPA Guidelines v6 s18</p>	YES / NO
<p>A19 Are the premises leased? IF YES, does the Authority have a copy of the lease? (If no, please provide a copy) Pharmacy Control Act s71E(3)(h); and TPA Guidelines v6 s7</p>	YES / NO YES / NO

B. DISPENSARY

<p>B1 Is the surface of the dispensing bench clean, sanitary, and in good repair? Pharmacy Control Act s71E and TPA Guidelines v6 s8.2</p>	YES / NO
<p>B2 Is the Dispensary of adequate size to allow free and clear movement of the pharmacist(s) while dispensing? Pharmacy Control Act s71E and TPA Guidelines v6 s8.2</p>	YES / NO
<p>B3 Is there adequate lighting and ventilation? Pharmacy Control Act s71E, TPA Guidelines v6 s8.2</p>	YES / NO
<p>B4 Is the equipment maintained and in good working order? Pharmacy Control Act s71E and TPA Guidelines v6 s9</p>	YES / NO
<p>B5 Is there a sink of stainless steel or other material (approved by the Authority) with an impervious surround, and supplied with hot and cold running water? Pharmacy Control Act s71E, TPA Guidelines v6 s8.2</p>	YES / NO
<p>B6 Is there is a dispensing bench with an impervious covering with not less than one (1) square metre of free working space per dispensary station? Pharmacy Control Act s71E, TPA Guidelines v6 s8.2</p>	YES / NO
<p>B8 Are the conditions of temperature and humidity suitable and stable for the storage of drugs and medicines kept in the dispensary? e.g.: an air conditioner; if there is no air conditioning, there needs to be some proof that the temperature is consistently appropriate, a log of daily temperatures which provides evidence of that. Pharmacy Control Act s71E(3)(b), TPA Guidelines v6 s8.2</p>	YES / NO

<p>B9 Is public access to the dispensary restricted and controlled? Pharmacy Control Act s71E(3)(b), TPA Guidelines v6 s8.2</p>	<p>YES / NO</p>
<p>B10 Is the pharmacist on duty able to effectively supervise the pharmacy premises where all scheduled medicines are kept, sold, or supplied and the persons employed therein? Pharmacy Control Act s71E(3)(d)(i), TPA Guidelines v6 s8.2</p>	<p>YES / NO</p>
<p>B11 Does the pharmacy use a dispensing robot? Make and model of the robot:.....</p>	<p>YES/ NO</p>

C. REFRIGERATION

<p>C1 Does the means of refrigeration comply with the “Strive for Five” of the National Vaccine Storage Guidelines or equivalent minimum standards? Pharmacy Control Act s71E(3)(d)(iii), TPA Guidelines v6 s9, National Vaccine Storage Guidelines – Strive for 5, 3rd edition</p>	<p>YES / NO</p>
<p>C2 Is there a refrigerator(s) used for scheduled medicines outside the boundary of the dispensary (e.g., within a consult room)? IF YES: Is this refrigerator then kept locked when not under direct supervision of the pharmacist and that key kept under supervision of the pharmacist or the room containing the refrigerator kept locked, and that key kept under supervision of the pharmacist when not in use? Pharmacy Control Act s71E(3)(d)(iii), TPA Guidelines v6 s9</p>	<p>YES / NO</p> <p>YES / NO/ NA</p>
<p>C3 Are the min/max daily refrigerator temperatures monitored and recorded? Inspectors should check that the min/max temperatures are recorded at least daily (unless vaccines are stored in the refrigerator – see below) or a data logger or similar is used (please check data). Pharmacy Control Act s71E, TPA Guidelines v6 s9, National Vaccine Storage Guidelines – Strive for 5, 3rd edition</p>	<p>YES / NO</p>
<p>C4a If the pharmacy stores any vaccines are the refrigerator(s) temperatures manually checked and recorded twice daily? C4b Do all refrigerator(s) that contain vaccines also contain a data logger? C4c Is the data logger checked weekly as a minimum standard? Pharmacy Control Act s71E(3)(d)(iii), TPA Guidelines v6 s9, National Vaccine Storage Guidelines – Strive for 5, 3rd edition</p>	<p>YES / NO/ NA</p> <p>YES / NO/ NA</p> <p>YES / NO/ NA</p>
<p>C5 Are all refrigerated medications stored separately from food stuffs? This might mean there is a separate refrigerator for food and/or beverages and that this refrigerator does not contain any medicines. Pharmacy Control Act s71E(3)(d)(iii), TPA Guidelines v6 s9</p>	<p>YES / NO</p>

D. COMPOUNDING & EQUIPMENT

<p>D1 Does the pharmacy undertake complex compounding?</p> <p>Complex compounding means the preparation and supply of a single 'unit of issue' of a therapeutic product that is intended for immediate use by a specific patient and that requires or involves specific competencies, equipment, processes, or facilities. (e.g., hormone, sterile preparations, cytotoxic or IV preparations)</p>	<p>YES / NO</p>
<p>D2 Does this pharmacy undertake simple compounding?</p> <p>IF YES: ANSWER D3 – D8a (incl)</p> <p>IF NO: COMPLETE D8b and D9 (incl)</p>	<p>YES / NO</p>
<p>D3 Does the pharmacy have adequate calibrated metric weighing and measuring equipment possessing capacities and precision suitable for simple compounding? (+/- .01 g on electronic scales)</p> <p>Inspectors cannot determine the accuracy of the scales but should use judgement as to the suitability of the set on site and whether it is complete. This may depend on the compounding that is undertaken on the premises. Please note weights are only required if analogue scales are being used.</p> <p>Pharmacy Control Act s71E and TPA Guidelines v6 s12</p>	<p>YES / NO</p> <p>DIGITAL / ANALOGUE SCALES</p>
<p>D4 WHEN were the scales AND weights last professionally calibrated?</p> <p>(The accepted standard is every two years)</p> <p style="text-align: right;">SCALES date</p> <p style="text-align: right;">WEIGHTS date</p> <p style="text-align: center;">(Weights only if scales are analogue)</p>	<p>.../...../.....</p> <p>.../...../.....</p> <p>NA</p>
<p>D5 Does the pharmacy have adequate compounding and blending equipment for simple compounding?</p> <p>PLEASE NOTE: check the equipment to ensure it is in appropriate condition (including cleanliness) for use.</p> <p>Pharmacy Control Act s71E and TPA Guidelines v6 s12</p>	<p>YES / NO</p>
<p>D6 Does the pharmacy have adequate vessels suitable for storage and supply of all commonly compounded pharmaceutical preparations?</p> <p>Pharmacy Control Act s71E and TPA Guidelines v6 s9</p>	<p>YES / NO</p>
<p>D7 Does the pharmacy have adequate facilities for heating if required for simple compounding?</p> <p>HOTPLATE / MICROWAVE / OTHER: _____</p> <p>Pharmacy Control Act s71E and TPA Guidelines v6 s12</p>	<p>YES / NO</p>
<p>D8a If the pharmacy is using only digital scales and, if there are any other scales present, have these scales been removed or decommissioned to disallow their use?</p> <p>D8b If the pharmacy is not undertaking any compounding, then have all SCALES on the premises been either removed or decommissioned to disallow their use?</p> <p>Pharmacy Control Act s71E and TPA Guidelines v6 s12</p>	<p>YES / NO / NA</p> <p>YES / NO / NA</p>

E. PHARMACY SERVICES

<p>E1 Does the pharmacy have a consultation room(s)?</p> <p>E1a How many consultation rooms does the pharmacy have?</p> <p>E1b Are the consultation rooms clean and appropriate for use?</p> <p>Pharmacy Control Act s71E(3)(b) and TPA Guidelines v6 s8</p>	<p>YES / NO</p> <p>Number:.....</p> <p>YES / NO</p>
<p>E2 Is the packing of dose administration aids a service provided by this pharmacy?</p> <p>If yes please complete the following, tick all that apply:</p> <p><input type="checkbox"/> In this pharmacy</p> <p><input type="checkbox"/> By this pharmacy at a remote/offsite location: **Provide address details below</p> <p><input type="checkbox"/> By a contracted company: **Provide address details below</p> <p><input type="checkbox"/> Other: **Provide address details below</p> <p>Name & address of contracted company, address of offsite packing, other details etc:</p> <p>.....</p> <p>.....</p> <p>Pharmacy Control Act s71E and TPA Guidelines v6 s8.2</p>	<p>YES / NO</p>
<p>E3 Complete this section if any packing of dose administration aids is done on this premises:</p> <p>E3a Is the packing area in a clearly defined and secure area where distractions are minimised (i.e., PSA compliant)?</p> <p>E3b If the packing is done in a separate room is this room kept locked while not in use (if the DAA medications and completed packs are stored in this room)?.....</p> <p>E3c Is there adequate lighting and ventilation for appropriate drug storage?.....</p> <p>E3c Does each patient have a current drug chart?.....</p> <p>E3d Does each patient have an appropriate audit trail of any changes or issues?.....</p> <p>E3e If the pharmacy packs Levothyroxine, is it stored appropriately before and once packed?</p> <p><i>(Levothyroxine may be stable for up to two weeks once packed. Multidose packs should not be refrigerated due to the hygroscopic nature of other medications)</i></p> <p>E3f If a patient has a S8 packed, where is the stock stored before and after being packed and when the pack is completed? (Please complete below)</p> <p>.....</p> <p>Pharmacy Control Act s71E, PSA DAA Guidelines and TPA Guidelines v6 s8.2</p>	<p>YES / NO</p> <p>YES / NO</p> <p>YES / NO / NA</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p>

<p>E4 Does the pharmacy provide vaccination/immunisation services?</p> <p>This service may be infrequent (e.g.: short timeframe for flu vaccinations) or permanent; and the service may be provided by a suitably qualified pharmacist, nurse immuniser, doctor, or other qualified health professional. Regardless, the premises must be suitable.</p> <p><u>IF YES, complete E4 and E5:</u></p>	<p>YES / NO</p>
<p>E4a Is there a private room or consultation area for this activity?</p>	<p>YES / NO</p>
<p>E4b Is the area private in terms of (i) visibility? And (ii) sound (ie full height walls)?</p>	<p>YES / NO YES / NO</p>
<p>E4c Is there CCTV that can see within the private consult area?</p>	<p>YES / NO</p>
<p>E4d Is the floor area sufficient and clear of equipment and furniture, to accommodate a client, a carer, and the immuniser, and all the equipment necessary to store and administer the vaccines?</p>	<p>YES / NO</p>
<p>E4e Is there an impervious bench of at least 0.6m²?</p>	<p>YES / NO</p>
<p>E4f Are there sufficient chairs to accommodate the immuniser, patient, and carer within the room?</p>	<p>YES / NO</p>
<p>E4g Is the area in the room sufficient to allow administration of first aid (both sitting and lying)?</p>	<p>YES / NO</p>
<p>E4h Is there a secure sharps disposal bin, kept at least 1.3 metres above the floor?</p>	<p>YES / NO</p>
<p>E4i Is there adequate hand washing or hand sanitation facilities?</p>	<p>YES / NO</p>
<p>E4j Is there adequate seating nearby for a client to be observed by a pharmacist (or immuniser or suitably qualified person) following vaccination?</p>	<p>YES / NO</p>
<p>E4k Is there an anaphylaxis response kit available that contains:</p> <ol style="list-style-type: none"> 1. At least three ampoules of adrenaline 1:1000 (please check it is in date) 2. At least three 1ml syringes 3. At least three 25 mm needles (for IM injection) and a drawing up needle 4. Cotton swabs 5. Pen and paper to record any event. 6. A laminated copy of 'Doses of intramuscular 1:1000 adrenaline for anaphylaxis' 7. A laminated copy of 'Recognition of treatment of anaphylaxis' <p>Pharmacy Control Act s71E, TPA Guidelines v6 s13, B 10A, Australian Immunisation Handbook</p>	<p>YES/NO/ OUT OF DATE</p> <p>YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO</p>
<p>E5 Does the pharmacy have approval from the following bodies and have an authorised immuniser to provide immunisation services?</p> <ol style="list-style-type: none"> 1. Tasmanian Pharmacy Authority (must have an approved consult room) 2. Department of Health (must have an approved program – please check it is current. Must be renewed every two years, and must be in name of current owner/responsible person) 3. Must have an authorised immuniser <p>Pharmacy Control Act s71E, TPA Guidelines v6 s13, B 10A, Tasmanian Immunisation Program Guidelines</p>	<p>YES / NO YES / NO/ OUT OF DATE</p> <p>YES / NO</p>
<p>E6 Does the pharmacy carry on a depot?</p> <p>A depot is where the pharmacy has an alternative location (i.e., other than the pharmacy address) that a patient can drop prescriptions and collect medication from.</p> <p>Address of Depot if applicable:</p> <p>.....</p> <p>.....</p>	<p>YES / NO</p>

F. REQUIRED REFERENCES

<p>F1 Does the pharmacy have access to current versions of all references required by the Pharmacy Board of Australia, as listed at https://www.pharmacyauthority.tas.gov.au/wp-content/uploads/2021/03/Pharmacy-Board-Guidelines-Guidelines-on-the-practice-specific-issues-Guideline-1-5.pdf</p>	<p>YES / NO</p>
<p>F2 The Pharmacy Board of Australia require the following access to online references via bookmarks on the dispense computer. The Authority provides a direct link to these via a links page on our website. Is the TPA link used and bookmarked on the dispense computer? (https://www.pharmacyauthority.tas.gov.au/about/links/)</p>	<p>YES / NO</p>

G. CONDUCT OF PHARMACISTS & ASSISTANTS:

<p>H1 Are the working areas and attire of any persons working in the dispensary clean and free from any contaminants? <i>Pharmacy Control Act s8c, TPA Guidelines v6 s18</i></p>	<p>YES / NO</p>
<p>H2 Is smoking of tobacco or any other substances permitted in the pharmacy? <i>Pharmacy Control Act s8c, TPA Guidelines v6 s18</i></p>	<p>YES / NO</p>
<p>H3 Is the consumption of alcohol or use of illicit drugs permitted in the pharmacy? <i>Pharmacy Control Act s8c, TPA Guidelines v6 s18</i></p>	<p>YES / NO</p>
<p>H4 Are the standards of personal hygiene, dress, and appearance of all staff in the pharmacy appropriate for a health care setting? <i>Pharmacy Control Act s8c, TPA Guidelines v6 s18</i></p>	<p>YES / NO</p>
<p>H5 Have all pharmacists and pharmacy assistants been appropriately trained for the tasks being undertaking, especially where assisting in the dispensing process? <i>PharmBA Guidelines for Proprietor Pharmacists Guideline 3, Pharmacy Control Act s8c, TPA Guidelines v6 s18</i></p>	<p>YES / NO</p>

H. DISPENSING

<p>I1 Does the Pharmacy have a documented and appropriate procedure for dispensing which is available in the area where the dispensing takes place e.g. PDL Guide for Good Dispensing? <i>PharmBA Guidelines for Proprietor Pharmacists Guideline 3, Pharmacy Control Act s8c, TPA Guidelines v6 s8.2</i></p>	<p>YES / NO</p>
<p>I2 Is dispensing done in accordance with the procedure? <i>PharmBA Guidelines for Proprietor Pharmacists Guideline 3, Pharmacy Control Act s8c, TPA Guidelines v6 s8.2</i></p>	<p>YES / NO</p>
<p>I3 Is there a documented process for managing and following up Owing Scrips?</p>	<p>YES / NO</p>

I. THE DISPENSARY COMPUTER SYSTEM

J1 Dispensary Software: FRED / LOTS / MINFOS / AQUARIUS / Z Dispense / _____	
J2 Do computer backups occur daily?:	YES / NO
J3 Are computer backups fully automated (i.e., no human intervention required)? If NO: Are detailed written procedures of the back-up of the computer system available? PharmBA Guidelines for Proprietor Pharmacists Guideline 3, Pharmacy Control Act s8, TPA Guidelines v6 s8.2	YES / NO YES / NO /NA
J4 Are backups are stored off-site and retained in accordance with statutory requirements? PharmBA Guidelines for Proprietor Pharmacists Guideline 3, Pharmacy Control Act s8, TPA Guidelines v6 s8.2	YES / NO
J5 Are barcode scanners used in conjunction with dispensing software at every dispensing station and are they always used as part of the dispensing procedure? (This must also include forward dispensing stations). PharmBA Guidelines for Dispensing of Medicines 10.1, PDL Guide to Good Dispensing, Pharmacy Control Act s8, TPA Guidelines v6 s8.2	YES / NO

J. DISPOSAL & DESTRUCTION

K1 Does the Pharmacy have a documented procedure for the checking, removal, and disposal of expired stock from the pharmacy shelves which is available in the area where stock is held? Pharmacy Control Act s71E(3)(d), TPA Guidelines v6 s8.2	YES / NO
K2 Is the stock on the pharmacy shelves within their expiry dates? Pharmacy Control Act s71E(3)(d), TPA Guidelines v6 s8.2	YES / NO
K3 Are there broken packs on the shelf without both the expiry dates and/or the batch numbers present? Please do a spot check on drugs INCLUDING: refrigerated items, narcotics and medications used in packing of DAAs Pharmacy Control Act s71E(3)(d), TPA Guidelines v6 s8.2	YES / NO
K4 Is all out-of-date stock awaiting disposal marked as such and stored away from other stock? Pharmacy Control Act s71E(3)(d), TPA Guidelines v6 s8.2	YES / NO
K5 Is a Return of Unwanted Medicines (RUM) Bin available within the dispensary area and is it being used? Pharmacy Control Act s71E(3)(d), TPA Guidelines v6 s8.2	YES / NO
K6 Is there a shredder or other means of destroying or permanently de-identifying records containing personal information? Pharmacy Control Act s8, TPA Guidelines v6 s8.2	YES / NO

K. STORAGE OF SCHEDULED SUBSTANCES

<p>L1 Narcotic substances: Are all Schedule 8 items stored apart from other substances in an enclosure that is constructed and secured in a manner approved by the Secretary? <i>(A level 4 safe which is securely locked and is either a torch and drill resistant in-floor safe; or a free standing safe of at least 500kg which is bolted and glued to the floor).</i></p>	YES / NO
<p>L2 Is the key, or code, or details of the safe combination for the Narcotics Safe kept either on the pharmacist's person or in a place not readily accessible to other persons?</p>	YES / NO
<p>L3 Is the key, or code, or details of the safe combination left on the pharmacy premises while the pharmacy is closed?</p>	YES / NO
<p>L4 If a dispensing robot is used, does it contain narcotics?</p>	YES / NO
<p>L5 Is a day safe or day storage drawer used? If YES continue below - If NO go to L6</p>	YES / NO
<p>L5a Is it kept locked when not in use and is the key held by the pharmacist or in an inaccessible place?</p>	YES / NO
<p>L5b Are all narcotics placed in the night safe whenever the pharmacy is closed?</p>	YES / NO
<p>L5c Are all dispensed narcotics awaiting collection, including staged supply, stored in the day or night safe during the day, and in the night safe when the pharmacy is closed?</p>	YES / NO
<p>L6 Are all DAA packs containing narcotics kept (along with their stock boxes) in a locked day safe/approved narcotic enclosure during the day and an approved locked narcotic safe overnight?</p>	YES / NO
<p>L7 Is any substance specified in Schedule 3 or 4 of the Poisons List kept in either of a storeroom and/or in the dispensary so that the public does not have access to the substance?</p>	YES / NO
<p>L8 Is any substance specified in Schedule 2 of the Poisons List kept : (a) in the dispensary or in a secure storeroom so as to ensure that it is not readily accessible to the public; or (b) on a horizontal shelf that is – (i) affixed to, or placed immediately against, an internal wall or partition separating the dispensary from the remainder of the premises; or (ii) not more than 4 metres from, and in clear line of sight of, the dispensary</p>	YES / NO
<p>L9 storage of Pseudoephedrine containing products: L9a Are all pseudoephedrine products stored in the dispensary or a secured storeroom? L9b Are pseudoephedrine product stock levels minimal? L9c Are products (where possible) kept out of sight of public, particularly high-risk products such as single ingredient and antihistamine combinations?</p>	YES / NO YES / NO YES / NO
<p>L9d Is the supply of these products recorded when the purchaser is not a customer who is known to the pharmacist or if there is a concern of misuse?</p>	YES / NO
<p>L10 Are schedule 3 and 4 medicines stored in the dispensary in a manner that will not promote the sale of a product or draw undue attention to a product?</p>	YES / NO

<p>L11 Does the pharmacy have any offsite storage or a warehouse for stock, bulk goods, prescriptions, or confidential records?</p> <p>L11a If YES does this offsite storage include any scheduled medicines? And - please provide address below:</p> <p>.....</p> <p>L11b Is this storage site accessible only by or in the presence of a pharmacist? Pharmacy Control Act s71E(3)(d), TPA Guidelines v6 s8.2 and s18</p>	<p>YES / NO</p> <p>YES / NO /NA</p> <p>YES/NO/NA</p>
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L. REGISTER OF DRUGS OF DEPENDENCE

<p>M1 Is the DD Register maintained in accordance with the requirements of Regulation 18 of the Poisons Regulations 2018:</p> <p>M1a Is the stock regularly reconciled against the register?</p> <p>M1b Are entries made within 48 hours of dispensing?</p> <p>M1c Is the register appropriately maintained (with respect to any alteration)?</p>	<p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p>
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M. LABELLING OF DISPENSED MEDICINES

<p>N1 Are all dispensed containers are labelled with –</p> <p>(a) the words "Keep out of reach of children" in red on a white background; and</p> <p>(b) the name of the patient (or in the case of an animal, the name of the owner of the animal); and</p> <p>(c) the name, address, and phone number of the pharmacy; and</p> <p>(d) cautionary labels; and</p> <p>(e) particulars set out in the prescription; and</p> <p>(f) the initials of the dispensing pharmacist</p> <p>Numbers or letters on a label are –</p> <p>(a) at least 1.5 mm high; and</p> <p>(b) in clear and distinct contrast to the background</p> <p>Pharmacy Control Act s8(c) TGA Guidelines for the labelling of medicines(tga.gov.au)</p>	<p>YES / NO</p>
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N. PRESCRIPTIONS

<p>O1 Are all Prescriptions recorded in an approved system and able to be produced on request, and are all hard copies of all cancelled prescriptions retained for 2 years?</p>	<p>YES / NO</p>
<p>O2 Retaining Schedule 8 Prescriptions:</p> <p>O2a Are all Schedule 8 repeat prescriptions retained at pharmacy?</p> <p>O2b Are transfers of repeats done only after authorisation from Pharmaceutical Services Branch and in a secure manner?</p>	<p>YES / NO</p> <p>YES / NO</p>
<p>O3 Dispensing of Schedule 8 Prescriptions:</p> <p>Does the pharmacist, when dispensing any prescription for a narcotic substance, if not familiar with the handwriting/signature of the prescriber, verify the authenticity of the script with the prescriber before dispensing?</p> <p>N.B. If unable to do so, only 2 days of medication (according to dosing instructions), can be provided to the patient in an emergency.</p>	<p>YES / NO</p>

<p>04 Marking of Schedule 8 prescriptions:</p> <p>Is any prescription for a Schedule 8 marked with the following details by the dispensing pharmacist:</p> <ul style="list-style-type: none"> • prescription must be dated (may be computer generated); • prescriptions must be personally signed - must be pharmacist's handwritten initials or signature on duplicate at each supply; • address of pharmacy and name of proprietor, identification code/prescription number matching label must be marked; • at last supply, prescription must be cancelled; • all cancelled scripts are retained and stored securely in accordance with Privacy Principles for no less than 2 years. 	<p>YES / NO</p>
<p>05 Schedule 8 and Schedule 4D prescription repeat intervals:</p> <p>Are repeat intervals on Schedule 8 and Schedule 4D prescription endorsed on the script in handwritten ink? (NB – there is only a 4-day leeway over <u>the life</u> of the prescribing of this medication)</p>	<p>YES / NO</p>
<p>06 Do all Pharmacist(s) use DORA?</p>	<p>YES / NO</p>
<p>07 Does the pharmacy have any offsite storage or warehouse for prescriptions and records? (Including duplicates and archived drug charts etc)</p> <p>IF YES, Is this storage site accessible only by or in the presence of a pharmacist?</p>	<p>YES / NO</p>

**THIS SECTION MUST BE COMPLETED FOR NEW/RELOCATING
PHARMACIES**

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 answers to questions are true and correct to the best of my knowledge and belief
- b. I am aware that a person found guilty of making a false or misleading statement is guilty of an offence and is liable to a penalty of up to 100 penalty units under Section 68, *Pharmacy Control Act 2001*.
- c. 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

**IF YOUR PHARMACY IS NEW OR RELOCATING,
PLEASE EMAIL YOUR COMPLETED FORM TOGETHER WITH FORM "DOC" TO**

registrar@pharmacyauthority.tas.gov.au