



*Poisons Act 1964*

**Application form for a permit to purchase or distribute poisons**

Please refer to the accompanying guidelines for additional information when completing this form. Further assistance is also available by telephoning (08) 9222 6883.

<b>1. Applicant details</b>		
Title:	Surname:	Given names:
On behalf of: (name of company if applicable)		
Postal address:		Postcode:
Telephone number:		Facsimile number:
Email Address: (For business use only)		
Principal premises address where poisons are to be stored:		
Other site addresses where poisons are to be stored:		
Premises telephone number:		Premises facsimile number:

<b>2. Signature of applicant</b>
I declare the information contained in this application form to be true and correct and I am over 21 years of age.
Signature of applicant .....
Date of application .....
<b>Please post completed form together with fee to:</b>
Health Corporate Network PO Box 8549 <b>PERTH BUSINESS CENTRE WA 6849</b>

### 3. Purpose of required poisons permit

Please tick () the type of permit required then move to the Section indicated:

**Industrial purpose:**

- mining  (go to Section 6)
- hobby  (go to Section 8)
- electroplating  (go to Section 7)
- jewellery/stained glass  (go to Section 7)
- chlorination of swimming pools/water supplies  (go to Section 9)
- laboratory analysis use  (go to Section 8)
- other industrial purpose  (go to Section 8)

**Medical purpose:**

- first aid  (go to Section 10 -13)
- government hospital  (go to Section 8)
- private hospital / nursing home  (go to Section 8)
- Residential Aged Care Facility  (go to Section 8)
- day surgery / doctors surgery / medical centre  (go to Section 8)
- other medical purpose  (go to Section 8)

**Other purpose:**

- distribution of pharmaceutical samples  (go to Section 4)
- manufacture of stockfeed  (go to Section 5)
- research in a tertiary institution  (go to Section 8)
- government department  (go to Section 8)
- any other purpose  (go to Section 8)
- veterinary practice  (go to Section 8)

### 4. Poisons permit for the distribution of samples

Residential address where samples to be stored (i.e. home address):	
Name of employer:	
Address of employer:	
Name of company/wholesaler issuing samples:	
Address of company/wholesaler:	
<b>Type of poison required</b>	
Please list the pharmaceutical products to be distributed as samples:	

**5. Permit to manufacture stockfeed**

Please list antibiotics required:


**6. Poisons permit for mining**

Please tick poison(s) required and include an estimate of annual usage.

		Estimate of annual usage (litres)
Cyanide	<input type="checkbox"/>	.....
Hydrofluoric acid	<input type="checkbox"/>	.....
Mercury	<input type="checkbox"/>	.....
Arsenic	<input type="checkbox"/>	.....
Other	<input type="checkbox"/>	(Please list).....

**Mining lease approval**

Mining lease number:	Name of Mining Lease Holder (attach written authorisation from the mining lease holder to use these poisons on this mining lease):
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**Qualifications and/or experience**

Please list qualifications and/or experience of the person on site who will be handling the poisons:

.....
.....
.....
.....
.....

**Disposal**

Please provide a written description of disposal procedures for waste product containing a poison and/or excess poisons:

.....
.....
.....
.....
.....

### 7. Jewellery / stained glass / electroplating

Please tick (☐) poison(s) required and include an estimate of annual use

		<b>Estimate of annual usage (litres):</b>	<b>Reason for use:</b>
Cyanide plating solution	☐	.....	.....
Hydrofluoric acid	☐	.....	.....
Arsenic	☐	.....	.....
Other	☐	.....	.....

#### Qualifications and /or experience

Please list your qualifications and/or experience in using and handling these poisons

#### Disposal

Please provide a written description of disposal procedures for waste product containing poison or excess poisons

### 8. Permit to access scheduled poisons

Please state the reason these drugs or poisons (chemicals) are required:

Qualifications of applicant:

Please indicate the poison schedule /s or individual poisons required:

- |             |   |             |   |
|-------------|---|-------------|---|
| Schedule 2  | ☐ | Schedule 6  | ☐ |
| Schedule 3  | ☐ | Schedule 7  | ☐ |
| Schedule 4* | ☐ | Schedule 8* | ☐ |

\* Provide details of storage of Scheduled poisons including photos of safe (Schedule 8 only) showing door thickness. *NOTE:* Please contact the Pharmaceutical Services Branch for advice prior to purchasing a safe.

#### Individual Poisons

- |                              |   |        |   |           |   |
|------------------------------|---|--------|---|-----------|---|
| Cyanide ☐☐☐                  | ☐ | Liquid | ☐ | Briquette | ☐ |
| Hydrofluoric acid#           | ☐ | Liquid | ☐ | Gel       | ☐ |
| Mercury                      | ☐ |        |   |           |   |
| Arsenic                      | ☐ |        |   |           |   |
| Others (Please Specify)..... |   |        |   |           |   |

#### Quantity per year

	.....
	.....
	.....
	.....

# Please also complete the 'HF Checklist' available at [www.health.wa.gov.au/poisons/permitholders](http://www.health.wa.gov.au/poisons/permitholders)

### 9. Permit to purchase chlorine gas

(Please enclose evidence that the person using chlorine gas is trained in its use and trained in resuscitation)

Chlorine required for:

- Swimming pool
- Water Supply  
(Please enclose a list of locations)
- Effluent Treatment  
(Please enclose a list of locations)
- Other  
(Please include a brief statement indicating reason for requiring chlorine gas)

### 10. Permit to purchase first aid supplies

(Please see accompanying guidelines before completing this section)

- Methoxyfluorane for analgiser  
(Name of trained person and a copy of the training certificate is required)
- Standard *First Aid List 2000*  
(Section 11 to be completed by the applicant) (Section 12 to be completed by medical practitioner)

**11. Standard First Aid List 2000 – medical practitioner details**

(Please see accompanying guidelines before completing this section)

Title:	Surname:	Given names:
Medical practice address:		
Telephone:	Fax:	
Email address:		
Name of company requesting medical support for a first aid permit:		
Site(s) address(es) where first aid medication is to be stored and administered:		
The most suitable method for the administration of first aid medication on the site/s named by the personnel listed is: (please tick required method)		
<input type="checkbox"/>	Method 1 (only) <input type="checkbox"/>	
<input type="checkbox"/>	Method 2 (only)	
<input type="checkbox"/>	Method 3 (combination of Method 1 & Method 2) (Please complete details on form provided (Section 13))	
Name of the personnel authorised by me to administer medication as described in my signed protocols under Method 2 or Method 3.		
<b>I declare that I have provided signed protocols for the medication required under Method 2 or Method 3 (if chosen) and that I accept responsibility for the administration of all medicines for first aid use at the sites listed on this declaration.</b>		
Name of medical practitioner: _____		
Signature of medical practitioner: _____		
Date: _____		

## 12 . Form to be completed by the nominated medical practitioner if adopting method 3

(Please see accompanying guidelines before completing this section) <b>Standard First Aid List 2000</b>	<b>Method</b>	
	<b>1</b>	<b>2</b>
Adrenaline Acid Tartrate Ampoules 1 in 1000/1ml .....		
Amethocaine HCL Eye drops 1% .....		
Amoxycillin Capsules 500mg .....		
Antazoline Sulphate/Naphazoline Nitrate Eye Drops 5mg/0.25mg/ml .....		
Antifungal Vaginal Creams (eg. Clotrimazole,Econazole Miconazole and Nystatin).....		
Aspirin Soluble Tablets 300mg .....		
Benzylpenicillin Sodium Vials Powder for Reconstitution 600mg .....		
Cephalexin Capsules 500mg .....		
Chloramphenicol Eye Drops 0.5% .....		
Chloramphenicol Eye Ointment 1% .....		
Clove Oil BP .....		
Dexamethasone Sodium Ampoules 8mg/2ml .....		
Diazepam Tablets 5mg 50.....		
Diazepam Ampoules 10mg/2ml 5 .....		
Doxycycline HCl Capsules 100mg .....		
Flucloxacillin Sodium Capsules 500mg.....		
Fruzemide Ampoules 20mg/2ml .....		
Fruzemide Tablets 40mg .....		
Hydrocortisone Acetate Cream 1%.....		
Hyoscine Butylbromide Ampoules 20mg/1ml.....		
Ibuprofen Tablets 200mg.....		
Isosorbide Dinitrate Sublingual Tablets 5mg.....		
Indomethacin Capsules 25mg .....		
Lignocaine HCl Injections 1% .....		
Loperamide HCl Capsules 2mg .....		
Loratadine Tablets 10mg .....		
Methoxyflurane .....		
Metoclopramide HCl Tablets 10mg.....		
Metronidazole Tablets 400mg.....		
Morphine Sulphate Ampoules 15mg/1ml 5 .....		
Naproxen Tablets 250mg .....		
Nystatin Suspension 100,000U/ml.....		
Oxymetazoline HCl Nasal Drops 0.05%.....		
Paracetamol Suppositories 250mg .....		
Paracetamol Tablets 500mg .....		
Paracetamol/Codeine Phosphate Tablets 500mg/30mg 20 .....		
Phenoxymethylpenicillin Potassium Tablets 500mg .....		
Pholcodine Linctus 1mg/ml 100ml .....		
Prednisolone Tablets 5mg .....		
Prochlorperazine Mesylate Ampoules 12.5mg/1ml .....		
Pseudoephedrine HCl Tablets 60mg 30 .....		
Roxithromycin Tablets 150mg .....		
Salbutamol Aerosol Spray 100mcg.....		
Silver Sulfadiazine Cream .....		
Triamcinolone Acetonide/Neomycin Sulphate/Gramicidin/Nystatin Ear Drops .....		
Trimethoprim Tablets 300mg.....		

### Fees for poisons permit

Description of permit	Application fee	
	1 year	3 years
Poisons permit to purchase scheduled poisons	\$240	\$360
Poisons permit to distribute pharmaceutical samples (representative of a pharmaceutical company)	\$120	\$180
Poisons permit (educational or research)	\$120	\$180
Poisons permit to manufacture stockfeed	\$174	\$260
Poisons permit – government department	\$120	\$180
Poisons permit – government hospitals	No fee	

### Payment options

**Option 1** – **by cheque**

Made payable to the **Department of Health** and sent, with the application, to:

Health Corporate Network PO Box 8549, Perth Business Centre WA 6849

**Option 2** – **by credit card**

Payment may be made by completing the remittance details below and sending it with the application to:

Health Corporate Network PO Box 8549, Perth Business Centre WA 6849

Type of card:      Bankcard               MasterCard               Visa

Amount: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_              Signature: \_\_\_\_\_





## Poisons Act 1964

### Guidelines for completing the application form for a permit

#### An application form must be completed to apply for:

- a permit to purchase particular poisons (including drugs)
- a permit to manufacture stockfeed containing scheduled poisons
- a permit to distribute pharmaceutical samples.

A poison is defined as any substance which is included in the Schedules of the Poisons Act. An up-to-date copy of these schedules is set out in the *Standard for Uniform Scheduling of Medicines and Poisons* which can be ordered by calling the Department of Health and Ageing on (02) 6269 1035 or viewed online at: [www.tga.gov.au/industry/scheduling-poisons-standard.htm](http://www.tga.gov.au/industry/scheduling-poisons-standard.htm)

A number of different types of licences and permits are defined in the Poisons Act and its Regulations. They can be described as follows:

<b>To manufacture</b>	Includes the processes of packaging, refining, manipulating and mixing any poison. Manufacturing also includes repacking poisons into smaller or different sized quantities or containers.
<b>To wholesale</b>	Means to sell or supply to authorised people for resale and to supply in wholesale quantities to authorised professions or industries for the purpose of their profession or industry but not for resale.
<b>To retail</b>	Means to sell or supply products individually or in small quantities to consumers.
<b>A licence</b>	Is required to sell by retail poisons included in Schedule 2 and Schedule 7.
<b>A permit</b>	Is required to purchase, distribute or use particular poisons (including drugs) but not to resell.

### Guidelines to fill in the application form

#### 1. Applicants details

The applicant is the person who will receive the permit. They are also called the permit holder. An application must be made by a 'responsible' person who is at least 21 years of age.

The permit holder is responsible for ensuring the conditions on the permit are observed.

These guidelines provide information for completing the 'Application Form for a permit to purchase or distribute particular poisons'.

Should you require a licence to supply poisons by retail or wholesale, please request and complete the designated form.

#### 2. Signature

The signature of the applicant is required for legal purposes.

An application cannot be considered unless the person who is applying for the licence or permit signs the application form.

#### 3. Purpose of permit to purchase or use Poisons

A permit is issued to purchase or use poisons **but not** to sell.

The person who will be responsible for purchasing the poisons must be qualified or experienced within the meaning of the regulations to handle those poisons requested on this application.

The granting of such a permit means that the person in whose name it is held will be responsible for the safe storage of the poisons away from foodstuffs and beverages and out of the reach of children. The permit holder will also be responsible for the correct disposal of any poison together with any other conditions included in the Poisons Regulations 1965 or specified on the permit.

The wholesaler or manufacturer selling the poison will require a copy of the permit before accepting an order. A poisons permit cannot be transferred between companies.



#### 4. Poisons permit for the distribution of samples

This is a permit for representatives of a manufacturer or wholesaler who may wish to provide samples of poisons in Schedule 2, 3 and 4 (excluding specified drugs) of the Poisons Act to authorised persons. There are specific conditions included in the Poisons Regulations 1965 concerning this permit and the applicant should ensure they are familiar with these requirements.

Please list (as an attachment if necessary) all addresses from which pharmaceutical samples are obtained - including the parent company and local wholesale distributors.

Please list all the scheduled products you will distribute on behalf of your company. A permit will not be issued to provide samples for Schedule 8 or specified drugs.

Please also list your home address where samples may be stored overnight.

In addition to the general responsibilities of a permit holder you will also be responsible for:

- The correct distribution to **authorised persons** on a signed receipt.
- The recording of supplies received and distributed.
- The correct disposal (if out of date samples are collected from doctors).

This permit is not transferable between companies.

#### 5. Permit to manufacture stockfeed containing antibiotics

The person who will be responsible for purchasing and using these poisons must be qualified or experienced within the meaning of the Poisons Regulations 1965 to handle poisons and must be present on the site or premises. If they have no formal qualifications, a written outline of their experience in the area of manufacturing or handling poisons will be required. A minimum of five years experience working in an area similar to the area of the application will be required.

The applicant must list the antibiotics required.

The premises on which the antibiotics are to be stored and used in the preparation of stockfeed must be suitable in terms of security and kept at the temperature stipulated on the label of the antibiotics stored.

A stockfeed containing an antibiotic included in Schedule 4 can only be supplied on the written order of a veterinary surgeon. Records of the signed orders must be retained for two years.

#### 6. Poisons permit for mining

This is a permit for the purchase of specific chemicals (cyanide, hydrofluoric acid, mercury and arsenic) which are used within the mining and similar industries.

The person who will be responsible for purchasing and using these poisons must be qualified or experienced within the meaning of the Poisons Regulations 1965 to handle poisons. If they have no formal qualifications a written outline of their experience in the area of handling these poisons will be required. A minimum of five years experience working in an area similar to the area of the application will be required.

If the mining operation is sufficiently large that the permit holder is absent from the premises from time to time the name and qualifications and/or experience of the person supervising the operation is required.

The permit holder will be held responsible for the safe and correct storage and disposal of the poisons. All poisons must be stored securely away from food and beverages and out of the reach of children. A written description will also be required on the disposal of waste product containing a poison or excess poisons.

If the applicant is not the lease holder of the named mine site then written authorisation is required from the lease holder that the poisons listed in the application can be used and stored on that lease. This written authorisation must be attached to the application. To enable notification of the Department of Minerals and Energy, the mining lease number is required together with the name of the leaseholder.

Large volume chemicals may require a licence for storage from the Department of Mines and Petroleum – enquiries (08) 9358 8001.

#### 7. Permit to purchase poisons for other industrial purposes

This is a permit to purchase the chemicals cyanide, hydrofluoric acid, arsenic and other poisons which are used within industry.

The person who will be responsible for purchasing and using these poisons must be qualified or experienced within the meaning of the Poisons Regulations 1965 to handle poisons and must be



present on the site or premises. If this person has no formal qualifications a written outline of their experience in the area of handling these poisons will be required. A minimum of **five years** experience working in an area similar to the area of the application will be required.

As these are toxic chemicals, their use at a residential address requires Local Government notification by the Department of Health. This could constitute a delay of up to 14 days in the processing of your application for a permit.

### 8. Permit to purchase chlorine gas

Please identify the way in which you require to use the chlorine gas. This could be for swimming pool chlorination, chlorination of water supplies or treatment of water effluent, or another recognised purpose.

A permit holder wishing to purchase chlorine gas for swimming pools must possess a relevant pool-managers course certificate. A copy of the certificate must accompany the application form. If the permit holder does not possess these qualifications, then they must ensure that the user of the chlorine gas does possess these qualifications.

Applications for a permit to purchase chlorine for the treatment of water supply purposes must provide a list of locations where the chlorine will be stored.

Chlorine gas may be required for other purposes. Please provide a brief statement indicating the manner in which you wish to use the chlorine gas.

The person using the chlorine gas is required to be trained in its use and trained in resuscitation.

### 9. Permit to access scheduled poisons

The person who will be responsible for purchasing and using the poisons must be qualified or experienced within the meaning of the Poisons Regulations 1965 to handle these poisons and must be present on the site or premises. If they have no formal qualifications a written outline of their experience in the area of handling poisons will be required. A minimum of **five years** experience working in an area similar to the area of the application will be required.

Please describe the expected purpose of the poisons. Indicate the poisons required as a whole schedule (e.g. Schedule 4) or as individual substances (e.g. mercury).

### 10. Permit to purchase medicines for health services

#### 10A: METHOXYFLURANE (Penthrox®)

When applying for a permit to purchase methoxyflurane, a copy of the training course certificate will be required. All users of methoxyflurane are required to have passed an approved training course within the previous three years. Methoxyflurane is only able to be administered following advice from a medical practitioner.

This type of permit may be held in addition to a medical chest supplied and monitored by the Royal Flying Doctor Service (RFDS).

#### 10B: FIRST AID (STANDARD FIRST AID LIST 2000)

The poisons included in this list are almost identical to those included in the RFDS Medical Chest.

#### (i) Guidelines for applicant

Applications for a poisons permit for the first aid treatment of personnel on an industrial site require the following conditions to be met by the applicant:

- The applicant must be directly associated with the administration of first aid on the site.
- The applicant will be the responsible person for ensuring compliance with the Poisons Act and Regulations and any conditions placed on the poisons permit.
- First aid medication is only permitted to be administered at the site/s named on the permit.
- The applicant must provide a copy of a recent (within the last three years) Police Clearance or a copy of their current Western Australian Nurses Registration under Division 1 of the Register referred to in Section 33 of the *Nurses Act 1992*.
- All personnel who access or administer medicines must provide to the applicant a copy of a recent (within the last three years) Police Clearance or a copy of their current Western Australian Nurses Registration.
- Poisons permits for first aid use listing the *Standard First Aid List 2000* will not be issued to sites that hold an (RFDS) Medical Chest.



## Delivering a Healthy WA

- Written authorisation from a medical practitioner is required to accompany the
- application indicating that as the nominated medical practitioner they will be responsible for authorising the administration of medication on site and also indicating which method of authorisation will be adopted i.e. Method 1, Method 2 or Method 3.

Once the application for a poisons permit has been approved the permit holder will be required to comply with the *Code of Practice for a Health Services Poisons Permit for First Aid Treatment*.

### Method 1

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The nominated medical practitioner will provide telephone authorisation on each occasion a medicine included in Schedule 4 (including methoxyflurane) or Schedule 8 is to be administered. A written record of the event by the person administering the medicines is required to be kept on site including the following detail:

- the patient's name
- name and dose of the medicine
- directions for use
- route of administration
- amount used
- date and time of authorisation
- medical practitioner's name
- name of person providing first aid.

### Method 2

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The nominated medical practitioner will provide to the site a signed protocol for each medicine on the *Standard First Aid List 2000* describing the details for the administration of the medicine by nominated personnel without further reference to the medical practitioner. In addition, the medical practitioner is required to nominate the people on site who will be authorised to administer the medicines in accordance with the protocols.

### Method 3

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A combination of Method 1 and Method 2. Some medicines on the *Standard First Aid List 2000* will require a telephone authorisation on each occasion they are to be administered while other medicines may be administered in accordance with that medicine's protocol signed by the medical practitioner for use by authorised personnel without further reference to the medical practitioner. Each medicine can only be administered by Method 1 or Method 2 as defined in writing by the medical practitioner.

### (ii) Guidelines for medical practitioner

All applications for a Poisons Permit which enable the purchase of medicines for the purpose of first aid administration, are required to be supported in writing by a medical practitioner.

**Section 10B (ii) of the application form is to be completed by you as the nominated medical practitioner.**

You are required to notify Department of Health if you cease to be the nominated medical practitioner at a particular site. To assist you as the nominated medical practitioner, the following information has been provided.

- As the nominated medical practitioner, you will be responsible for the authorisation of administration of first aid medication on the designated sites. A *Standard First Aid List 2000* (Section 10 B iii) has been compiled based upon the medical chest contents used by The Royal Flying Doctor Service (RFDS).
- There are three methods by which you are able to authorise the administration of medication in Schedule 4 and Schedule 8 of the Poisons Act and are as follows:

### Method 1

---

The nominated medical practitioner will provide telephone authorisation on each occasion a medicine included in Schedule 4 (including methoxyflurane) or Schedule 8 is to be administered and a written record of the event should be kept by the medical practitioner including the following detail:

- the patient's name
- name and dose of the medicine
- directions for use
- route of administration
- amount used
- date and time of authorisation
- medical practitioner's name
- name of person providing first aid

### Method 2

---

The nominated medical practitioner will provide a signed protocol for each medicine on the *Standard First Aid List 2000* describing the details for the administration of the medicine by nominated personnel without further reference to the medical practitioner. In addition, the medical practitioner is required to nominate the people on site who will be authorised to administer the medicines in accordance with the protocols.



### Method 3

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Section 13 is required to be completed by the medical practitioner if adopting Method 3 to indicate which method is to be adopted for each individual medicine.

The protocols should include the following information:

- the name, dose and form of the medicine
- the frequency and route of administration
- the intention or rationale for use
- any contraindications to the use of the medicine
- any common side effects of the medicine.

#### **10C: Medical treatment**

This type of permit is able to be held by a medical practice/company which offers 24 hours a day, 7 day a week medical coverage to an industrial site. The permit holder should be a medical practitioner, a pharmaceutical chemist or registered nurse on behalf of the medical practice offering the medical advice.

This type of permit cannot be held by a person on site unless that person is a medical practitioner who is able to offer medical advice to the site 24 hours a day, 7 days a week.

There is no restriction on the range or quantities of medicines held on each nominated site. The permit holder will be responsible for the administration of all medicines on the sites listed and for compliance with the 'Code of Practice for holders of a Health Services Poisons Permit for Medical Treatment'.

#### **10D: Hospital style facility**

This type of permit enable access to scheduled poisons by a hospital facility including government and private hospitals, day surgery units and nursing homes.

The permit holder will be responsible for the access, storage and record keeping for the scheduled poisons on the permit.

#### **10E: Community nurse**

This type of permit enable access to scheduled poisons by:

- i) registered nurses in the community requiring certain emergency medications being available for the palliative care of patients
- ii) registered nurses at a Department of Health Nursing Post and a registered town
- iii) registered nurses at a designated remote area nursing post.

The permit holder will be responsible for the access, storage and record keeping for the scheduled poisons named on the permit.

#### **10F: Medical/veterinary clinic**

This type of permit enables access to scheduled poisons by:

- i) a medical clinic
- ii) a veterinary clinic.

The permit holder will be responsible for the access, storage and record keeping for the scheduled poisons named on the permit.