

PHARMACY REGISTRATION BOARD OF WESTERN AUSTRALIA

(A.B.N. 75 635 660 854)

Mr Colin Emmott
Registrar

PO Box 8124
Perth BC WA 6849

Ms Sue Errington-Wood
Assistant to the Registrar

Level 4, 130 Stirling Street
Perth WA 6000

Telephone: (08) 9328 4388
Facsimile: (08) 9328 4399
Email: pharmacyboard@hlbwa.com.au
Website: www.pharmacyboardwa.com.au

NOTIFICATION OF COMPLETION OF NEW PHARMACY PREMISES

The Board will use this form as part of its decision to grant or refuse Registration.

Complete and lodge this form to notify the Board that the new pharmacy premises are complete.

In addition, provide the Board with photographs as per "Guidelines for Photographs to be submitted with Notification of Completion Form" This form may be downloaded from:

<http://www.pharmacyboardwa.com.au/?n=Main.Guidelines>

Business name and address of premises:

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P/code:

Telephone number:

Fax number:

Email address:

The above mentioned premises were completed according to the plans, specifications and information contained in the application on:

Please answer all of the following questions by writing "Yes" or "No" in the boxes provided. If "No" is answered to any of the questions, please enclose an attachment with an explanation.

1. MINIMUM STANDARDS OF FITNESS FOR THE COMPETENT AND SAFE PRACTICE OF PHARMACY

		YES/NO
a)	Does the premises have at least one door allowing direct access to members of the public from a street or thoroughfare?	
b)	Does the premises have no direct access to any adjoining premises?	
c)	Are the premises and all fixtures and fittings at the premises in a safe, clean and hygienic condition and in good repair?	
d)	Do the premises have such devices and systems provided and maintained in good working order as is necessary to ensure the premises are reasonably secure against burglary, robbery, theft and unexplained loss?	
e)	Is there a safe and secure location for the keeping of records made of all prescriptions to be dispensed at or from the pharmacy?	
f)	Does the premises have an area in which a consultation conducted by a pharmacist is not reasonably likely to be overheard by a person not party to the consultation?	

g)	Does the premises have a refrigerator for the storage of medicines?	
h)	Does the dispensary have an area for the dispensing of medicines that has a minimum floor area of 10 square metres?	
i)	Does the dispensary have a suitable sink that has hot and cold running water connected?	
j)	Are the premises equipped with an operational bar code scanner at each dispensing station?	
k)	Are the premises equipped with one 100 mL and one 250 mL beaker?	
l)	Are the premises equipped with an appropriate heating device such as a microwave oven, gas ring or other heat source for the preparation of extemporaneous medicines?	
m)	Are the premises equipped with one glass or plastic funnel?	
n)	Are the premises equipped with one 10mL, 25mL, 50mL, 100mL, and 250 mL measures?	
o)	Are the premises equipped with one 75 mm glass and one ceramic mortar and pestle?	
p)	Are the premises equipped with a set of scales that meets the requirements of Item 8 of Clause 3 of Schedule 1 of the Pharmacy Regulations 2010?	
q)	Are the premises equipped with an ointment slab at least 250mm x 250mm in size?	
r)	Are the premises equipped with at least two stainless steel spatulas of different sizes?	
s)	Are the premises equipped with one glass stirring rod?	

2. PREMISES GENERALLY

a)	Are the premises in accordance with the plans approved by the Board?	
b)	Are the floor, ceiling and walls of the premises completely constructed and all windows and doors secured?	
c)	Is a pharmacy business the only business being conducted from these premises?	
d)	Are the premises air conditioned so as to maintain the correct storage temperature for all medicines?	
e)	Is electricity connected to the premises?	
f)	Are tobacco products to be sold or supplied from the premises?	
g)	Are the telephone and internet connected at the premises?	
h)	Is the proprietor's name or names clearly displayed at all public entrances to the pharmacy?	

i)	Does the premises have a safe, and additional security for storing of drugs of addiction that has been installed and fixed in accordance with the requirements of the Poisons Act 1964, Appendix M?	
j)	Is access to Pharmacy Schedule 2 medicines restricted to the owner of the pharmacy or an employee?	
k)	Is access to Pharmacist Only Schedule 3 medicines restricted to staff members?	
l)	Is the pharmacy approved to supply pharmaceutical benefits under the Pharmaceuticals Benefits Scheme (PBS)? If yes, go to Section 3 – Dispensary. If the answer to this question is no, please go to question m) below.	
m)	If the pharmacy is not approved to supply pharmaceutical benefits under the PBS, then is appropriate signage displayed at the pharmacy clearly advising the public that the pharmacy cannot supply medicines subsidised under the PBS? (Please refer to Section 4.1.6 of the Board's Guidelines).	
n)	Are you ceasing the operation of a pharmacy business at registered premises and commencing the operation of the pharmacy business at new registered premises? If the answer to this question is "yes", then proceed to next question.	
o)	Have you obliterated all signs and notices referring to the practice of pharmacy at the former premises? If the answer question to this is "no", please refer to the Board's "Guidelines for closure of a pharmacy business".	

3. DISPENSARY

a)	Is access to the dispensary restricted to staff members?	
b)	Is the pharmacist on duty able to effectively supervise and view all areas of the pharmacy premises where scheduled medicines are stored, sold or supplied and the staff members in these areas from all areas within the dispensary?	

4. REFERENCE MATERIALS

a)	Does the premises have a copy of, or immediate access to the LATEST EDITION and all published amendments or supplements of the following reference documents:	
	i) The Australian Medicines Handbook (AMH)?	
	ii) The Australian Pharmaceutical Formulary and Handbook (APF)?	
	iii) The MIMS Annual or eMIMS or AusDI?	
	iv) The Therapeutic Guidelines (complete series)?	
	v) The Pharmacy Act 2010 and the Pharmacy Regulations 2010?	
	vi) The Poisons Act 1964 and the Poisons Regulations 1965?	

When do you propose to open these premises for business?

Declaration by Proprietor or Pharmacist with Overall Responsibility for the pharmacy to be carried on at the premises

AND I DO solemnly and sincerely declare that:

I,

(Name of Pharmacist with Overall Responsibility)

of

Residential address

- * i) I am the person named in the documents now submitted by me and set out in this application;
- *ii) The answers to all questions are true and correct to the best of my knowledge and belief;
- *iii) I am aware that in accordance with Section 64(1)(b) of the Pharmacy Act 2010 it is an offence to provide false or misleading information in respect of this application. Penalty \$24,000 or imprisonment for 2 years.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. #

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* at

Place

on Date

Signature of Applicant

In the presence of:

Signature of Authorised Witness

Name of Applicant

Name of Authorised Witness

Qualifications of Authorised Witness

* If you intentionally make a false statement in a statutory declaration, you could be charged with an offence and, if convicted, you could be fined or jailed, or both.

* Under section 11 of the *Statutory Declarations Act 1959*, the penalty for making a false statement in a statutory declaration is 4 years imprisonment.

A list of professions that can witness Statutory Declarations can be accessed at http://www.courts.dotag.wa.gov.au/W/witnessing_documents.aspx