
Pharmacy Registration Board of Western Australia

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

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Operational Procedures Requirements

Note, this document must be signed by:

- The pharmacist who has, or will have, overall responsibility for the pharmacy business; and
- each pharmacist who has, or will have, a proprietary interest in the pharmacy business

I / we hereby confirm that written processes are in place to ensure at all times:

1. the ongoing compliance with Schedule 1 of the <i>Pharmacy Regulations 2010 (WA)</i> (the Minimum Standards).
2. all medicines are stored in accordance with manufacturer requirements.
3. Schedule 2 and Schedule 3 medicines are stored in accordance with the Premises Plan approved by the Board.
4. Schedule 4 medicines are stored in accordance with the Premises Plan approved by the Board.
5. the ongoing supervision of Schedule 2 and Schedule 3 medicines when the pharmacist/s on duty is/are unavailable, such as when engaged in counselling, attending to an emergency situation or on a comfort break.
6. the ongoing supervision of Schedule 4 medicines when the pharmacist(s) on duty is/are unavailable such as when engaged in counselling, attending to an emergency situation or on a comfort break.
7. returned and unwanted medicines are secure, including for the return of Schedule 8 medicines.
8. a pharmacist consultation conducted in the proposed area for private consultation is not reasonably likely to be overheard by a person who is not a party to the consultation.
9. for each professional service, they are satisfied the allocated area provides adequate space and an appropriate environment to effectively deliver the service.

I / we declare that the above statements are true and correct

and

I / we acknowledge these written processes may be subject to audit at any time

(please refer over for signing)

Signed (print name below)

Date

Witness Signature

Signed (print name below)

Date

Witness Signature

Signed (print name below)

Date

Witness Signature

Signed (print name below)

Date

Witness Signature

Signed (print name below)

Date

Witness Signature

(add extra page for any additional proprietors/proprietary interest holders)