
Pharmacy Registration Board of Western Australia

Level 4, 130 Stirling Street, Perth WA 6000

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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)

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		Name of Witness

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