

# Pharmacy Registration Board of Western Australia

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

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## PRELIMINARY NOTIFICATION OF RELOCATION OF PHARMACY PREMISES

From the time that the Board approves an Application for Registration, it can take some time for the Australian Government Department of Health (PBS Approvals, from 11 December 2018) to grant their approvals.

In recognition of this, the Board has resolved to accept this Preliminary Notification form to assist in the smooth relocation process.

**This Notification must be completed and provided to the Board electronically, along with the photograph document, as noted below, *at least 20 working days prior* to the Board meeting you wish it to be considered at. You should then base your opening date at least 1 week following the Board meeting date. Board meeting dates are shown on the Board's website at [www.pharmacyboardwa.com.au](http://www.pharmacyboardwa.com.au).**

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 nearing completion.

*In addition, provide the Board with a photograph document, as per "[Guidelines for Photographs to be submitted with Notification of Completion Form](#)"*

**Business name and address of premises:**

.....

.....

..... **P/code:** .....

..... **Telephone number:** ..... **Fax number:** .....

..... **Email address:** .....

**The above mentioned premises are to be completed according to the plans, specifications and information contained in the application as approved to proceed 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, including where equipment and reference materials are to be transferred from existing premises. **For any items not yet available in the new premises, please ensure that you include photos of these items at the current premises; this also includes all prescribed reference documents and access to prescribed legislation.**

### 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 100mL and one 250mL 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 250mL dispensing glass graduated measure?  |  |
| o) | Are the premises equipped with one 75mm 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 <i>Pharmacy Regulations 2010</i> ?  |  |
| 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) | Will all Schedule 8 Medicines be stored in the pharmacy premises in accordance with <i>Regulation 96 of the Medicines and Poisons Regulations 2016</i> ?  |  |
| j) | Is access to Schedule 2 medicines restricted to the pharmacist with overall responsibility or appropriately trained staff?  |  |
| k) | Is access to Schedule 3 medicines restricted to the pharmacist with overall responsibility or appropriately trained staff?  |  |
| l) | Do your Standard Operating Procedures for the Safe Storage of Scheduled Medicines include appropriate procedures to ensure that access to all Scheduled medicines is restricted to the pharmacist with overall responsibility or appropriately trained staff, and that there is adequate supervision of these medicines at all times? |  |
| m) | Is the premises approved to claim Australian Government subsidies for PBS and RPBS prescription medicines? If yes, go to Section 3 – Dispensary. If no, go to question n) below.  |  |
| n) | Does the premises display: <ul style="list-style-type: none"> <li>- at eye level, an A3 sized <a href="#">Unapproved Pharmacy Notice</a> on all external public entries; and</li> <li>- an A4 sized <a href="#">Unapproved Pharmacy Notice</a> in the professional services area?</li> </ul>  |  |

### 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 <b>LATEST EDITION</b> 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 <i>Pharmacy Act 2010</i> and the <i>Pharmacy Regulations 2010</i> ?   |  |
|    | vi) The <i>Medicines and Poisons Act 2014</i> and the <i>Medicines and Poisons Regulations 2016</i> ?  |  |

**When do you propose to open these premises for business?**

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

I DO solemnly and sincerely declare that:

I,

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(Name of Pharmacist with Overall Responsibility shown on Current Certificate of Registration as a Pharmacy)

of

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Residential address

- \* i) I am the person named in the documents now submitted by me and set out in this application;
- \* ii) I propose to relocate the pharmacy business to the premises on \_\_\_\_\_;
- \*iii) I am aware that I am required to lodge a Notification of Completion of New Pharmacy Premises no later than 8:00 am on the date of the relocation;
- \*iv) The answers to all questions are true and correct to the best of my knowledge and belief;
- \*v) 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

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Place

on Date

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Signature of Applicant

In the presence of:

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Signature of Authorised Witness

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Name of Applicant

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Name of Authorised Witness #

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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](http://www.courts.dotag.wa.gov.au/W/witnessing_documents.aspx)