

## APPLICATION FOR THE APPROVAL OF PHARMACY PREMISES – INTERNAL CHANGES IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974)

Please print and use black ink to complete																
<b>SECTION A: PARTICULARS OF PHARMACY OWNER</b>																
Pharmacy Owner	Company				Close Corporation				Partnership				Sole Proprietor			
Identity Number of Owner																
Company /* Close Corporation Registration Number																
Full Name(s) of Applicant/Responsible Pharmacist																
Identity Number of Applicant																
Category of premises to be APPROVED	Community				Institutional				Consultant							
Full Names of Owners/Company/Close Corporation																
Contact Address																
Telephone Number																
E-mail address																
<b>SECTION B: PARTICULARS OF RESPONSIBLE PHARMACIST</b>																
Full Names of Responsible Pharmacist																
Contact Address																
Courier Address																
Cell phone number																
Telephone number																
E-mail address																
Qualification																
Registration Number with the South African Pharmacy Council																
Identity Number of Responsible Pharmacist																
<b>* NB MUST BE INDICATED ON PHARMACY PLAN *</b>																



**Please print and use black ink to complete**

**SECTION E: INFORMATION OF PREMISES - CONTINUED**

13. The floor surface will be of impermeable material.	Yes	No
14. All working surfaces will be finished with a smooth impermeable and washable material.	Yes	No
15. All countertops and shelves will be finished with a smooth, impermeable and washable material which is easy to keep clean.	Yes	No
16. Walls are finished with a smooth, impermeable and washable material, which is easy to keep clean.	Yes	No
17. There will be sufficient and adequate lighting.	Yes	No
18. There is an air conditioner in the pharmacy which is in good working condition.	Yes	No
19. The temperature in the dispensary will be below 25 ° C.		
20. There is at least one fire extinguisher or fire hose in the pharmacy.	Yes	No
21. The dispensing surface area is sufficient for the volume of prescriptions dispensed. A clear working surface area of at least 90cm to 1m must be provided for each pharmacist or other persons registered with Council who work in the dispensary.	Yes	No
<b>22. There will be a suitable waiting area, in accordance with Good Pharmacy Practice (GPP) guidelines.*</b>	Yes	No
23. There is a suitable waiting area, which is under cover or inside the pharmacy.	Yes	No
24. The waiting area is situated near:*		
24.1 the dispensary	Yes	No
24.2 areas for counselling and the furnishing of information.	Yes	No
25. The waiting area has comfortable seating.	Yes	No
<b>26. There will be a suitable semi-private area for consultation per dispensing point in accordance with GPP 2.31.2 (13). *</b>	Yes	No
<b>27. There is a suitable private area for the provision of information and advice, in accordance with GPP standards. *</b>	Yes	No
28. There is a suitable area for the screening and performing of tests.*	Yes	No
29. The professional image of the dispensing area is not affected by the display of commercial material not directly linked with health.	Yes	No
30. The pharmacy is designated as a non-smoking area.	Yes	No
31. The receiving area for deliveries will be clearly defined and separated from the rest of the pharmacy.*	Yes	No
<b>32. A fridge for heat sensitive pharmaceuticals and vaccines will be available.*</b>	Yes	No
33. There is a suitable separate facility that comply with GMP standards where compounding is carried out.*	Yes	No
34. There is a suitable separate facility that complies with GMP standards where pre-packing is carried out.	Yes	No
<b>35. Access to the premises will be (Mark with X – indicate only one)*</b>		
Via independent entrance to and from the premises only	<input type="checkbox"/>	Share joint entrance with another/adjoining premises
	<input type="checkbox"/>	Both independent entrance and shared entrance
	<input type="checkbox"/>	<input type="checkbox"/>

**\* NB MUST BE INDICATED ON PHARMACY PLAN \***

**ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR**