

No. 761

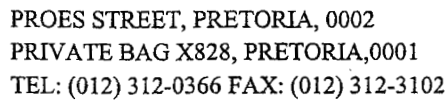
4 June 2003

PHARMACY ACT, 1974**REGULATIONS RELATING TO OWNERSHIP AND LICENSING OF PHARMACIES****FORM: APPLICATIONS FOR PHARMACY PREMISES**

In terms of regulation 8(1)(a)(i) of the Regulations Relating to the Ownership and Licensing of Pharmacies made in terms of the Pharmacy Act, 1974 (Act No. 53 of 1974), an application for a licence for the premises wherein or from which the business of a pharmacy is to be carried on shall be submitted on a form approved by the Director-General of Health.

The Director-General of Health has approved the form and it is hereby published in English and Afrikaans for general information.

A NTSALUBA**DIRECTOR-GENERAL: HEALTH**



Please print and use black ink to complete															For Office Use Only									
* SECTION A: PARTICULARS OF PHARMACY OWNER																								
* Pharmacy Owner										Company					Close Corporation			Partnership			Sole Proprietor			
* Identity Number of Owner																								
* Company Registration Number																								
* Information furnished by:										Owner/Nominee					Designated Partner					Sole Proprietor				
* Full Name(s) of Applicant																								
* Identity Number of Applicant																								
* Category of premises to be licenced										Community					Institutional					Consultant				
Full Names of Owner (If different from applicant)																								
* Contact Address																								
* Telephone Number																								
E-mail address																								
* Identity Number of Owner																								
* SECTION B: PARTICULARS OF RESPONSIBLE PHARMACIST																								
* Full Names of Responsible Pharmacist																								
* Contact Address																								
* Telephone Number																								
E-mail address																								
* Qualification																								
* Registration Number with Statutory Council																								
* Identity Number of Responsible Pharmacist																								

Application for a Licence for Pharmacy Premises

Please print and use black ink to complete																		For Office Use Only	
SECTION C: PREMISES PARTICULARS																			
* Pharmacy Name (Proposed trading title)																			
* Alternative trading title:																			
* Postal Address of Premises																			
* Physical Address of Premises																			
* Contact Telephone Number																			
Contact Fax Number																			
E-mail address																			
* SECTION D: CRITERIA FOR A LICENCE																			
1. The exact geographic location of the premises.																			
2. What benefit will the community derive from the pharmacy ?																			
3. What will be the nature and extent of the pharmaceutical services provided ?																			
4. Is there a Statutory requirement for the pharmacy?																			
5. What is the size of the population in the catchment area of the pharmacy?																			
6. How many other health service providers are there in the surrounding areas and what is the nature of the services provided.																			
7. Will the pharmacy provide services to persons outside the service/catchment areas? Eg mail order.																			
8. What, if any, special needs of the community will be addressed?																			
9. Will the licence holder be able to comply with Good Pharmacy Practice as determined by the South African Pharmacy Council?																			

Application for a Licence for Pharmacy Premises

Please print and use black ink to complete		
* SECTION E: INFORMATION OF PREMISES		
I, the above applicant declare that:		
1. The size of the premises is		m ²
2. There is/ will be a separate facility for washing hands	Yes	No
3. There is/ will be a separate facility for cleaning of equipment	Yes	No
4. The pharmacy will be suitably located in the institution	Yes	No
5. A responsible pharmacist will be present at all times during business hours.	Yes	No
6. The premises will be kept clean	Yes	No
7. The floor surface will be of impermeable material	Yes	No
8. All working surfaces will be finished with a smooth impermeable and washable material	Yes	No
9. All cupboards and shelves will be finished with a smooth, impermeable and washable material	Yes	No
10. A registered pharmacist only will be in possession of the keys to the pharmacy	Yes	No
11. There will be sufficient and adequate lighting.	Yes	No
12. The temperature in the dispensary will be below 25°C	Yes	No
13. The total floor area will be sufficient for the efficient operation of staff	Yes	No
14. There will be a suitable waiting area, in accordance with Good Pharmacy Practice (GPP) guidelines	Yes	No
15. There will be a suitable semi-private area for the provision of information and advice in accordance with GPP guidelines	Yes	No
16. All Scheduled medicines will be stored/displayed in areas inaccessible to the public	Yes	No
17. The receiving area for deliveries will be clearly defined and effectively separated from the pharmacy	Yes	No
18. The pharmacy will be suitably situated in the hospital (institutional pharmacies only)	Yes	No
19. Are security measures in place to prevent unauthorised entry?	Yes	No
20. A fridge for heat sensitive pharmaceuticals and vaccines will be available.	Yes	No
21. Access to the premises will be:	Via independent entrance to and from the premises Share joint entrance with another/adjoining premises Both independent entrance and shared entrance	
(Indicate one only. Mark with a X)		
22. Will medicines/stock be stored away from the pharmacy premise outlined in Section C ?	Yes	No
If yes, please supply details of other premises/storage where medicines/stock will be stored:		
.....		
*SECTION F: SUPPORTING DOCUMENTATION		MARK WITH X
The following documentation is submitted in support of this application:		For Office Use Only
1. A letter of appointment for the responsible pharmacist for the pharmacy	<input type="checkbox"/>	

Application for a Licence for Pharmacy Premises

Please print and use black ink to complete		
*SECTION F: SUPPORTING DOCUMENTATION - CONTINUE	MARK WITH X	For Office Use Only
2. A letter of acceptance of the above appointment in which the responsible pharmacist declares that he/she accepts such appointment, as well as the duties and responsibilities of a responsible pharmacist as set out in Regulation 28 of the Regulations Relating to the Practice of Pharmacy	<input style="width: 20px; height: 20px;" type="checkbox"/>	
3. Copy of the site plan and floor plan of the building indicating the location of the pharmacy premises in relation to adjoining or surrounding business and access to and from the premises.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
4. Copy of the plan of the layout of the actual pharmacy premises drawn to scale, in which access as indicated in SECTION E can be clearly identified.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
5. Affidavit regarding eligibility, ownership and compliance with standards as required in terms of Regulations 2, 3, 4, 5, 6 and 7 of the Regulations Relating to the Ownership and Licencing of Pharmacies (sole proprietor), partners of the partnership, members of the close corporation or shareholders of the company.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
*SECTION G: DECLARATION BY THE APPLICANT		
i) The above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist. ii) The Director-General will be notified of any material changes within 30 days of such changes. iii) The information herewith furnished is true and correct. iv) I, hereby give consent for an inspection of the premises in terms of the applicable Legislation.		
APPLICANT'S SIGNATURE: <div style="border-top: 1px solid black; height: 20px; width: 100%;"></div>		
DATE: <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> D D M M Y Y Y Y </div>		
*SECTION H: DECLARATION BY COMMISSIONER OF OATHS		
SIGNED and SWORN at _____ on this _____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration SIGNATURE OF COMMISSIONER OF OATHS : _____ DATE: _____	<div style="text-align: center; font-weight: bold; margin-bottom: 20px;">STAMP</div> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
<div style="display: flex; justify-content: space-between;"> <div> Full name, capacity, address and contact details of Commissioner of Oaths </div> </div>		