

VICTORIAN PHARMACY AUTHORITY (VPA)
SELF AUDIT FORM

Introduction:

This document is designed to assist licensees and pharmacist employees to self-audit compliance with the key requirements of the *Pharmacy Regulation Act 2010 (Act)*, VPA Standards and good pharmacy practice. In relation to good pharmacy practice, the VPA recognises the standards, guidelines, codes, and policies issued by the Pharmacy Board of Australia (**Board**) and has regard to the standards, codes and guidelines issued by the Pharmaceutical Society of Australia, The Society of Hospital Pharmacists of Australia, Victorian Department of Health (**DH**) and Therapeutic Goods Administration. The numbering used for the self-audit form is consistent with the numbering used in the VPA Guidelines.

It is not a requirement to send the completed form to the Victorian Pharmacy Authority.

When to use the self-audit form:

It is recommended that high-risk areas or newly established services are audited at least twice a year. As systems become stable and well-documented, the audit frequency can reduce to at least annually.

*How to use the self-audit form:***1. Check the Act**

Before completing the self-audit, it is important to know the basics of the Act, VPA Standards and Guidelines and how they apply to your pharmacy.

2. Check your records and procedures

While the audit checklist typically calls for a Yes, No or N/A response, take the time to check that your records or procedures do in fact demonstrate compliance. As a guide, take an adequate sample of your records (at least 10%) and confirm that:

- Records have been filled in with all the required information, checks and signatures;
- Procedures do reflect good pharmacy practice and are being followed by all applicable employees. Have the procedures been recently reviewed and updated? Do the procedures reflect the specific conditions and circumstances that apply in your pharmacy?

When answering a question, record 'No' if there is only partial compliance with the requirement as this will help you identify areas to focus your attention on to improve the provision of pharmacy services.

3. Review the findings

Typically, if the answer to a question is 'Yes', then the pharmacy is likely to comply with the requirements.

If the self-audit is conducted by the pharmacist regularly and usually in charge (PRUIC) or by a different pharmacist(s) reviewing each specialised service provided by the pharmacy, it is important that all the findings are reviewed by the licensee.

4. Identify actions to address your compliance issues

Finally, if the checklist has identified deficiencies or areas for improvement, identify appropriate action(s) to rectify the issue(s) and prevent a reoccurrence in the future.

If the licensee openly discusses the issue(s) identified by the self-audit with relevant employees, it is more likely that appropriate action(s) are identified to rectify the issues and introduce appropriate changes in culture, awareness, and a focus on continual improvement.

Assigning who is responsible for implementing the action and a due date will allow the process to be monitored and addressed in a timely manner.

Disclaimer: The Victorian Pharmacy Authority is committed to providing accurate information in relation to the Act and VPA Guidelines. The information contained in this self-audit checklist is general in nature and by no means exhaustive. If you are unsure about how the Act, the VPA Standards or Guidelines apply to your pharmacy, contact the Victorian Pharmacy Authority.

By email: enquiries@pharmacy.vic.gov.au

By phone: (03) 9653 1700

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Pharmacy Name and Address:

| |
|----------------|
| |
| |
| Postcode |
| Date of Audit: |

Pharmacy Services:

| | | |
|---|---|---|
| <input type="checkbox"/> Dispensing and counselling | <input type="checkbox"/> Compounding (Simple) | <input type="checkbox"/> Injections (incl. vaccination) |
| <input type="checkbox"/> DAA (<15 patients/week) | <input type="checkbox"/> Compounding (Complex) | <input type="checkbox"/> Medicinal Cannabis |
| <input type="checkbox"/> DAA (>15 patients/week) | <input type="checkbox"/> Opioid Replacement Therapy | <input type="checkbox"/> |

| A1. | LICENSEE RESPONSIBILITIES | Requirement Met | | |
|--------|--|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| A1.1 | Compliance | | | |
| A1.1.1 | <i>The Act, VPA Standards, and conditions</i> | | | |
| | Is the licensee aware of and complies with all obligations and requirements in relation to holding a licence and registration of pharmacy premises? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the licensee aware of the ramifications of not meeting the requirements of the Act (including the Schedule to the Act), the VPA Standards and any conditions imposed by the VPA? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Has the VPA been notified of any change(s) to commercial arrangement(s) affecting the operation of the pharmacy business? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Has the licensee sought approval from the VPA before authorising, causing, or permitting any other person to carry on a business within the registered pharmacy premises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1.1.2 | <i>Legislation and good pharmacy practice</i> | | | |
| | Does the licensee have effective oversight and management of all pharmacy services provided? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the pharmacy personally supervised by a registered pharmacist whenever it is open for business? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | When the pharmacy is NOT open for business, can the pharmacy only be accessed if a registered pharmacist is present? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | If a non-PBS pharmacy, is there a PBS disclaimer notice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1.1.3 | <i>Management of medicines and poisons</i> | | | |
| | Are S4 poisons stored in a manner that they can be supervised by a pharmacist? (Particular attention needs to be paid to the contents of, and accessibility to, storerooms and refrigerators) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are S8 poisons (Controlled Drugs) and S9 poisons (Prohibited Substances) stored and recorded in accordance with the Drugs, Poisons and Controlled Substances Regulations 2017? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are returned S8 poisons stored in a secure manner and disposed of safely and regularly? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are S3 poisons displayed or stored for sale to prevent self-selection by the public, and in a way that does not promote or draw undue attention to them? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | For S3 poisons containing pseudoephedrine, is the quantity of stock for sale kept to no more than that sufficient for 1 week's sales from the pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | For S3 poisons containing pseudoephedrine, is all stock kept out of public view? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is there a system in place to ensure that medicines are not reused after dispensing and after they have left the pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are returned medicines including those returned from nursing homes and those in dose administration aids stored in a secure manner and disposed of safely and regularly (e.g., use of RUM bins)? | <input type="checkbox"/> | <input type="checkbox"/> | |

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| A1. | LICENSEE RESPONSIBILITIES | Requirement Met | | |
|----------|---|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| A1.2 | Management | | | |
| A1.2.1 | <i>Pharmacist regularly and usually in charge (PRUIC)</i> | | | |
| | Has the VPA been notified of the name of the pharmacist who is currently appointed as the Pharmacist regularly and usually in charge (PRUIC)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.2.1.1 | <u>Display of names</u> | | | |
| | Is the licensee's name or names clearly displayed at all public entrances to the pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the name of the PRUIC of the pharmacy always clearly displayed in the professional services area of the pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the name of every pharmacist(s) on duty always clearly displayed in the professional services area of the pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Can the pharmacy clients easily identify who are staff and the role that they are performing? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.2.2 | <i>Registration status of employed pharmacists</i> | | | |
| | Do all employed pharmacists hold appropriate and current registration? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.2.3 | <i>Qualifications and training of staff</i> | | | |
| | Do all employed dispensary technician(s)/assistant(s) have appropriate dispensary training and experience? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Do pharmacist(s) uphold their professional responsibilities when delegating work to dispensary assistants/technicians under their supervision? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is a pharmacist directly supervising all staff who are carry out dispensing or compounding duties? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Do all staff have written position and duty descriptions which accurately reflect their role (pharmacist, pharmacist immuniser, dispensary technician, compounding dispensary assistant, pharmacy assistant etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Do all staff have training records which are regularly updated and accurately reflect the status of training undertaken? (e.g., recognised compounding, immuniser, current First aid and CPR certificates) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | If pharmacotherapy services are provided, have all participating pharmacists signed a Program Certification form (Pharmacotherapy Policy Appendix 7)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Do pharmacists work within their level of competence? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Do staff only perform roles for which they have been trained? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are there different sets of skills, knowledge and experience within the team which reflect the range of services provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Is there on-going learning and development of the pharmacy team (i.e., staff keep their knowledge and skills up to date)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.2.4 | <i>Workforce</i> | | | |
| A1.2.4.1 | <u>Community Pharmacy</u> | | | |
| | Is the dispensary staffed in accordance with Board and VPA Guidelines? <i>(One full-time equivalent pharmacist dispensing an average of 150 prescriptions over a 9.00am to 6.00pm day, and pro rata on weekends and public holidays, is regarded as the minimum staffing level. An individual pharmacist must not supervise more than two dispensary assistants or dispensary technicians engaged in the selection, processing and labelling of prescription medicines at a time. If dispensing levels are in the range of 150-200 prescriptions per day, a trained dispensary assistant and/or an intern pharmacist may assist the pharmacist. If the workload is in the range of 200 to 220 prescriptions daily, a second dispensary assistant may be used but above this workload, a second pharmacist will be necessary for at least part of the day.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is there sufficient suitably qualified staff on duty for the services provided, with clear lines of accountability? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is there a staffing plan which considers the specific services provided by the pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | |

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|--------|---|--------------------------|--------------------------|-----|
| | | Yes | No | N/A |
| | Is there staff contingency planning for short and long-term staff absence, whether planned or unplanned? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.2.5 | <i>Professional and legal obligations</i> | | | |
| | Is the licensee(s) aware of the manner in which the pharmacy is being conducted and does it comply with the law and good pharmacy practise? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does the licensee manage any personal or organisational goals, incentives, or sales targets without compromising the professional judgement of staff to deliver safe and effective pharmacy services? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is good dispensing practice being followed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Do staff know when and how to raise a concern with the pharmacy licensee(s)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is there a culture of openness, honesty, and learning that promotes the raising of issues with the pharmacy licensee(s)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.2.6 | <i>Reference texts</i> | | | |
| | Do pharmacists (including locums) have ready access to all current editions of reference texts? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.3 | Records | | | |
| A1.3.1 | <i>Records relating to pharmacy services</i> | | | |
| | Are all records relating to pharmacy services created, stored, and retained in accordance with relevant legislation (including <i>Privacy Act 1988</i>) and guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.3.2 | <i>Privacy of records</i> | | | |
| | Are all records containing customer's personal information secure from theft, misuse, interference, loss, unauthorised access, modification, or disclosure? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are electronic systems, and records adequately protected from cyber threats? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | When requesting customer information, is it undertaken in a manner which protects their privacy, dignity, and confidentiality? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is medicine counselling and other confidential discussion undertaken in a manner which protects the privacy of the patient? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are arrangements in place to ensure that client information cannot be obtained by others from discarded documents? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are 'cash and wrap' or 'checkout' counters arranged to ensure that the identity of a medicine being paid for by the client cannot be known by another client at the counter? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are arrangements in place to ensure the identity of dispensed medicine cannot be known by other clients in the pharmacy (e.g., being taken to the cash and wrap counter or a script awaiting collection)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.3.3 | <i>Records for Schedule 8 and Schedule 9 poisons</i> | | | |
| | Are transactions involving Controlled Drugs (S8 poisons) recorded in the Controlled Drug Register as soon as practicable after completing the transaction? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the true and accurate balance of a Controlled Drug recorded in the Register (e.g., negative balances are not recorded in the case of partial supply)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the Controlled Drug Register regularly (at least every 3 months) reconciled with the actual stock on hand of Controlled Drugs? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are returned Schedule 8 poisons awaiting destruction recorded in the Controlled Drug Register as soon as practicable upon receipt? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is SafeScript always checked before dispensing a medicine monitored by the system? (Note: This is a mandatory requirement) | <input type="checkbox"/> | <input type="checkbox"/> | |

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|--------|---|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| A.1.4 | Policies and procedures | | | |
| A1.4.1 | <i>Relevant policies and procedures</i> | | | |
| | Are policies and procedures clearly documented and readily accessible to all relevant staff? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are there standard operating procedures (SOPs) for all pharmacy services provided, such as: | <input type="checkbox"/> | <input type="checkbox"/> | |
| | a) good dispensing practice? | | | |
| | b) counselling? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c) provision of S2 and S3 medication? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | d) simple compounding? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | e) complex compounding (including use of specialised equipment)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | f) dose administration aids (DAAs)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | g) opioid replacement therapy (ORT)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | h) injection services (including vaccination)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are there policies and procedures for systems that support the provision of safe pharmacy services, such as: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | a) complaint management process? | | | |
| | b) continual improvement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) incident management process (includes the handling of dispensing errors)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) risk management process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) conflict of interest? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | f) record management (including digital and paper records)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | g) protecting information technology and communications (computers, phones, website) from cyber-security threats? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | h) privacy and confidentiality and the disclosure of confidential information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | i) obtaining consent to provide pharmacy services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | j) workplace health and safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | k) COVID-19 or other health related emergency plan(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | l) temperature monitoring (including actions to be taken if temperature monitoring is outside of specification)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | m) cold chain protocol – delivery and breach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | n) scheduling of equipment calibration and/or testing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | o) product recall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | p) hygiene and infection control (including operator exclusions from performing compounding duties)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | q) cleaning (for facility – dispensary, compounding laboratory, DAA room etc. and equipment) and cleaning records? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | r) waste disposal (including returned medicines)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1.4.2 | <i>Maintenance of policies and procedures</i> | | | |
| | Are policies and procedures, regularly reviewed and updated as part of effective governance arrangements? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.4.3 | <i>Policies and procedures available and followed</i> | | | |
| | Is there evidence that policies and procedures are being referred to and followed (e.g., are records being completed and signed)? | <input type="checkbox"/> | <input type="checkbox"/> | |

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| A1. | LICENSEE RESPONSIBILITIES | Requirement Met | | |
|--------|--|--------------------------|--------------------------|-----|
| | | Yes | No | N/A |
| A1.5 | Quality improvement and risk management | | | |
| A1.5.1 | <i>Monitoring and review of pharmacy services</i> | | | |
| | Is the safety and quality of pharmacy services reviewed and monitored? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the quality of pharmacy services improved by learning from feedback and taking appropriate actions to prevent the reoccurrence of incidents or concerns? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are poor practice and behaviours challenged? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.5.2 | <i>Incident monitoring and investigation</i> | | | |
| | Are incident records made and retained for three years in a dedicated file? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Can feedback and concerns about the pharmacy, services and staff be raised by individuals and organisations, and are these concerns/complaints considered, and action taken where appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is there a formal procedure in place to facilitate reliable inter-staff professional communications? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A1.5.3 | <i>Risk management</i> | | | |
| | Are risks associated with the dispensing process managed to ensure a consistent and high-quality level of care to patients? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are risks associated with providing pharmacy services identified and managed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the safety and quality of pharmacy services reviewed and monitored? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are suitable insurance arrangements in place for the pharmacy services provided? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is a risk assessment to assess the potential risks to staff and consumers conducted before compounding a medicine as outlined in the current APF? | <input type="checkbox"/> | <input type="checkbox"/> | |

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| A2. | PREMISES | Requirement Met | | |
|-------------|--|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| A2.1 | Essential and on-going requirements | | | |
| A2.1.1 | <i>Compliance with the Schedule to the Act</i> | | | |
| | Do the registered premises comply with relevant requirements of the Schedule to the Act on an ongoing basis, including: | | | |
| | a. The different parts of the premises are properly situated and are secure and suitable for the purpose for which they are to be used. | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b. The general physical security of the premises is assured, and the control of keys or other entry devices is restricted to registered pharmacists authorised by the person carrying on the pharmacy business or pharmacy department. | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c. A registered pharmacist must oversee the area of the pharmacy where pharmacy services are provided. | <input type="checkbox"/> | <input type="checkbox"/> | |
| | d. The premises are maintained in a clean and hygienic manner. | <input type="checkbox"/> | <input type="checkbox"/> | |
| | e. There is no access to the dispensary of the pharmacy except under the direct supervision of a registered pharmacist. | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.1.2 | <i>State of the premises</i> | | | |
| | Are premises maintained in an organised, uncluttered state? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.1.3 | <i>Access to premises</i> | | | |
| | Does the pharmacy have at least one doorway opening from the premises to allow members of the public to enter the pharmacy from a public place such as a street, public walkway, mall, or public foyer? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.2 | Alterations | | | |
| A2.2.1 | <i>Alterations to registered premises</i> | | | |
| | Has the VPA given prior approval to any significant alterations to the premises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2.3 | Security | | | |
| A2.3.1 | <i>Doors, windows, skylights and ceiling</i> | | | |
| | If the building permit permits, is each perimeter door to the pharmacy fitted with: | | | |
| | a. A lock that prevents the door from being opened by hand from the outside when the premises are not lawfully occupied, OR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Other measures in place to prevent entry through roofs or ceilings such as floor to roof walls or ceiling space alarm sensors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are all perimeter doors that open to secluded or non-public areas either roller shutters or solid core doors reinforced with heavy gauge metal sheeting or protected by a substantial metal security grille door? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are perimeter windows secluded or non-public areas fitted with bars or security grilles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are skylights fitted with bars or security grilles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2.3.2 | <i>Perimeter Security</i> | | | |
| | Are the premises secure and safeguarded from unauthorised access? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.3.3. | <i>Alarms</i> | | | |
| | Is the pharmacy fitted with an electronic intruder alarm that conforms to Australian Standard 2201: Intruder Alarm Systems? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does the electronic alarm cover the perimeter of the pharmacy as well as all areas where medicines are kept including the dispensary, S8 safe, rooms used to store dispensed medicine for packing into dose administration aids, the professional service area and storerooms? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the electronic alarm monitored by central agency on a 24-hour, 7 day a week basis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does the central agency, monitoring the alarm system, hold a security firm licence? | <input type="checkbox"/> | <input type="checkbox"/> | |

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| A2. | PREMISES | Requirement Met | | |
|-------------|--|--------------------------|--------------------------|-----|
| | | Yes | No | N/A |
| | Does the central agency have facilities that conform to Australian Standard 2201.2 Intruder Alarm Systems – Monitoring Centres Grade 1, 2 or 3? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4 | Design, Layout and Condition | | | |
| A2.4.1 | <i>Dispensary activities</i> | | | |
| | Does the design of the dispensary or the location of counters or other fixtures in the public area of the pharmacy prevent clients approaching and standing directly in front of the dispensary, except at designated service points, and distracting pharmacist or reading private documents that may be on the dispensary bench? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does the design of the dispensary prevent members of the public from entering the dispensary unnoticed by the pharmacist on duty? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the pharmacy arranged so that the dispensary is not used as a thoroughfare to access “back of house” areas? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the dispensary restricted to dispensary staff only? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are all S4 medicines stored outside the dispensary kept in a locked facility? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are alarm sensors installed to cover all areas where S4 medicines are stored (including DAA packing rooms, etc)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.2 | <i>Dispensary requirements</i> | | | |
| | Does the dispensary include: | <input type="checkbox"/> | <input type="checkbox"/> | |
| | a) a specific bench or bench area of at least 0.6m ² for the unpacking and sorting of dispensary orders received? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b) a sink with integrated drainer and hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c) a specific bench or bench area of at least 0.6m ² located near to the sink for the simple compounding or preparation of medicines and that also provides storage for compounding equipment? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | d) a specific bench or bench area of at least 0.6m ² for dispensary clerical and research use? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | e) one dispensing station for each 150 prescriptions or part thereof dispensed on a typical day between 9am and 6pm? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | f) a refrigerator dedicated to the storage of medicines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does each dispensing station include: | <input type="checkbox"/> | <input type="checkbox"/> | |
| | a) a dispensing bench of at least 0.6 m ² ? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b) a computer/network with access to dispensing software? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c) a keyboard? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | d) a screen? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | e) a dedicated scanner? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | f) a dedicated printer for labels? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | g) a dedicated printer for repeat forms | <input type="checkbox"/> | <input type="checkbox"/> | |
| | g) adequate stationary (including cautionary advisory labels, etc) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | h) being located near a printer that prints Consumer Medicine Information (CMI)? (<i>The CMI printer may serve multiple dispensing stations</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |

VICTORIAN PHARMACY AUTHORITY (VPA)
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| A2. | Premises | Requirement Met | | |
|--------|--|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| | If the pharmacy provides pharmacotherapy to 20 or more persons per day, does: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | a) the dispensary include a bench or bench area of at least 0.6m ² dedicated to the pharmacotherapy program that is not accessible to the public and provides for the secure storage of "in-use" S8 medicines? or | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) the pharmacy include a pharmacotherapy area located away from the dispensary that is air-conditioned, alarmed, fitted with a hot and cold water sink with drainer, fitted with a safe or drug cabinet to store S8 poisons, fitted with lockable storage for client records, and arranged to protect the privacy of pharmacotherapy clients? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Is the dispensary equipped with safes or drug cabinets large enough to store all S8 poisons in a way that facilitates the accurate selection of medicines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is each drug cabinet constructed and attached in accordance with the Drugs, Poisons & Controlled Substances Regulations 2017 and guidance issued by the Department of Health? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the S8 safe key kept on the person of a pharmacist or otherwise secured e.g., in a key safe (may have combination lock) which provides security equivalent to that of the S8 safe? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are alarm sensors installed to cover all areas where S8 safes are located? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.3 | <i>Lighting and temperature control</i> | | | |
| | Are all medicine storage areas serviced by a thermostatically controlled air-conditioner that maintains storage temperatures so that the temperature does not exceed 25°C? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is due regard paid to maintaining the integrity of the "cold chain" when stock is received and before it is supplied? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the patient or agent informed of the storage conditions both verbally and by labelling? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.4 | <i>Hygiene and infection prevention measures</i> | | | |
| | Are there appropriate hygiene and infection prevention measures in place to the pharmacy services being provided? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.5 | <i>Professional service area in a pharmacy</i> | | | |
| | Is there a professional service area in the public part of the pharmacy that is situated and arranged to allow supervision by the pharmacist(s) on duty? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the professional service area distinguished by décor and / or signs? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the professional service area used solely for the display and storage of products for therapeutic use and information about them? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.6 | <i>Counselling areas</i> | | | |
| | Is there a dedicated prescription reception and counselling point for each dispensing station used to dispense prescriptions? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are the dedicated prescription reception and counselling points each fitted with opaque privacy screens rising not less than 600 mm above the bench to form a privacy booth or be otherwise arranged or situated to provide privacy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.7 | <i>Consultation rooms</i> | | | <input type="checkbox"/> |
| | Are clients aware that consulting rooms are available and take advantage of them for in-depth counselling or professional services? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the consulting room set up to accommodate people with disability? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.8 | <i>Client waiting areas</i> | | | |
| | Are there sufficient seats in the client waiting area(s)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does the location of the seats minimise congestion at serving counters and enhance privacy at counselling areas? | | | |

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| A2. | Premises | Requirement Met | | |
|---------|---|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| A2.4.9 | <i>Activities not to be included in the dispensary</i> | | | |
| | Are all non-dispensary tasks performed outside the dispensary (e.g., POS data entry, storage of non-dispensary stock, storage of display materials, promotional and 'back of house' activities)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Do non-dispensary staff members store their personal belongings and take meal and tea breaks outside the dispensary? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.10 | <i>Complex compounding</i> | | | <input type="checkbox"/> |
| | Is complex compounding undertaken: a) in a dedicated room (laboratory) that is lockable or immediately next to the main dispensary? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the laboratory fitted with hot and cold water and sink with integrated drainer? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the laboratory maintained and monitored at or below 25C, at all times? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are all surfaces cleanable by washing? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is a suitable powder containment cabinet (for personal and environment protection) used for hazardous and potent substances? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is there a quarantine area and procedure for raw materials being held from use? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is protective clothing (laboratory coat, disposable gloves and hair covers) worn during compounding procedures? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is additional protective clothing worn for handling hazardous substances and potent substances such as hormones (e.g., eye protection, respirator mask, shoe coverings)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are baseline and regular periodic pathology tests performed on all staff handling hazardous materials? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is compounding carried out without distraction and free of external interruption? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is a risk assessment to assess the potential risks to staff & consumers conducted <u>before</u> compounding a medicine as outlined in the current APF (<i>Compounding</i>)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the decision to prepare a compounded medicine(s) <u>always</u> justified as outlined in the current APF (<i>Compounding</i>)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are animal medicines compounded only on the prescription or the instructions of a veterinary practitioner, irrespective of poison schedule? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Do raw materials (including water) meet suitable quality standards and have validated expiry dates? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is batch preparation only undertaken in accordance with the Pharmacy Board of Australia Guidelines on compounding of medicines, e.g., for individual named patients for which multiple prescriptions have been received, and where a risk assessment has been undertaken? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is a dispensing worksheet completed for each prescription compounded e.g., APF compounding dispensing form template? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does the dispensing worksheet include the directions/steps for preparing the medicine? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the expiry date of the finished product shown on the worksheet (may be included by means of a duplicate label attached placed on the worksheet)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does a pharmacist initial or counter initial the compounding dispensing worksheet for each weighing/measuring and other significant step? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is each compounding dispensing worksheet signed-off and dated by the supervising or compounding pharmacist? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are compounding dispensing worksheets retained for three years from the date of dispensing? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are expiry dates consistent with APF recommendations except where reliable stability data exist (never > 6 months)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are storage conditions and the expiry date shown on labels of dispensed compounded preparations? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are compounded medicines recorded and labelled for the use of a specific patient and supplied directly to that patient or bona fide agent OR recorded and labelled for the use of a doctor/veterinarian but not for the purpose of on-supply? | <input type="checkbox"/> | <input type="checkbox"/> | |

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| A2. | Premises | Requirement Met | | |
|---------|---|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| | Are testing protocols (as defined by APF 25) for compounding medicines in place? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are compounded medicines assayed by a competent analytical laboratory? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are frequently compounded medicines assayed, at least annually, and including product(s) produced by each compounding staff member (as described in APF 25)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is a risk-based selection criteria used to determine which compounded medicines are assayed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are clients counselled on every occasion a compounded medicine is supplied including those delivered as part of a mail / online ordering system? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Have equipment cleaning methods been shown to be effective to prevent cross-contamination? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are all raw materials sourced from a third-party supplier manufactured by an acceptable manufacturer? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are raw materials(s) which are subject to testing quarantined until the results are known? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is validation of complex compounding techniques performed? (e.g., activation of cannabis material, sterilisation methods)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2.4.11 | <i>Vaccination or injection facilities (including good pharmacy practice)</i> | | | <input type="checkbox"/> |
| | Has VPA approval been obtained for a person who is <i>not</i> the owner or employee of the pharmacy business to provide vaccination services (<i>Refer to VP43 Application form</i>)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Is the pharmacy registered with the Department of Health (DH)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the pharmacy registered as a vaccination provider on Australian Immunisation Register (AIR)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is another person trained in First Aid and CPR present in pharmacy during vaccinations? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the vaccination room/area: | | | |
| | a) a suitable size? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b) visually private? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c) audibly private? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | d) maintained at a comfortable temperature? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Does the vaccination room/area have: | | | |
| | a) Bench, or suitable alternative, with an impervious surface? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b) Bed or suitable reclining chair? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c) Suitable hand washing facilities or alcohol sanitiser? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | d) First aid equipment in a suitable and obvious location? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | e) Anaphylaxis Kit in a suitable and obvious location? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | f) Anaphylaxis Kit which is compliant with DH Victorian Pharmacist-Administered Vaccination program Guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | g) Anaphylaxis response charts/guidelines on display? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | h) Telephone within ready access in case of emergency? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | i) Copy of each Pharmacist's immuniser Certificate of Training on display? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | j) Copy of each Pharmacist's immunisers' First Aid Certificate on display? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | k) Copy of each Pharmacist's immunisers' CPR Certificate on display? | <input type="checkbox"/> | <input type="checkbox"/> | |

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| A2. | Premises | Requirement Met | | |
|---------|---|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| | l) Copy of each Pharmacist's immunisers' COVID-19 Vaccination Training Certificates on display (if administering COVID-19 vaccines)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | m) Emergency response protocol on display? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | n) Sharps Disposal Kit? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | o) Incident Record Book in a specific, suitable, and obvious location? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | p) Patient observation area (for monitoring the patient for 15 min after vaccination or in accordance with professional guidelines)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are the Certificates of Training, First Aid and CPR confirmed as being current? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is a Vaccination log/worksheet completed for each vaccination given? (e.g., Does it include all relevant information including name of administering pharmacist)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is AIR checked prior to the administration of <u>every</u> vaccine? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are all vaccines administered recorded to the AIR (in a timely manner)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.4.12 | Dose administration aids (DAA) | | | <input type="checkbox"/> |
| | If the pharmacy regularly fills DAAs for 15 or more persons per week does: a) The dispensary include a specific bench or bench area of at least 1m ² dedicated to the filling of DAAs; and secure storage for dispensed medicines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) The pharmacy include an area for the filling of DAAs located away from the dispensary that is air-conditioned; alarmed and that has access to hand washing facilities; a 'patient history look up' computer terminal, DAA printing equipment; and lockable storage for dispensed medicines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are dispensed medicines stored in containers of sufficient size to ensure effective segregation of each client's medicine? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are storage containers for dispensed medicines labelled with client's name? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are dispensed S8 Medicines used for 'virtual pill count' DAA systems e.g., <i>Webstercare Meds Pro</i> stored in a S8 cabinet when not in use? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are clients' medicines stored: a) in the dispensary? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b) in a lockable room or cupboard which is kept locked when not in use? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are dose administration containers labelled with: a) the patient's name? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b) the current pharmacy name, address, and telephone number? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c) the drug name, strength, and directions for use? (Note: Directions for use should be printed in plain English) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | d) with APF cautionary and advisory labels OR is an alternative method of providing cautionary advisory information used e.g., providing clients with a medication profile? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is CAL 1 or 1a attached to the dose administration container where indicated by the APF? (Note: This is a statutory requirement for the labelling of immediate containers. It is not satisfied by attaching a 1 or 1a CAL to a separate document such as a medication profile.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is client information e.g., age / weight / medical conditions / allergies / lifestyle (self-medicating, ambulatory etc) routinely collected and recorded for clients obtaining medicines in dose administration aids? (Note: This is particularly relevant for clients who do not attend the pharmacy). | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are dose administration containers for patients requiring hazardous drugs (e.g., cytotoxic, warfarin) or drugs with special dose regimes (e.g., methotrexate, alendronate) identified or quarantined to ensure correct ongoing handling and filling? | <input type="checkbox"/> | <input type="checkbox"/> | |

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| A2. | Premises | Requirement Met | | |
|--------------|--|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| | Are there additional dispensing procedures and checks performed for drugs with special dosing regimes (e.g., methotrexate)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are dose administration container filling and checking records (date, medication name, strength, dose, quantity, and initials of the dispensary technician and/or pharmacist responsible for the filling and/or checking) made and retained at pharmacy premises for at least 6 months? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.5. | Equipment | | | |
| A2.5.1 | <i>Safety and fit for purpose</i> | | | |
| | Is all equipment obtained from reputable source(s)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the equipment safe to use (e.g., electrical checks performed) and fit for purpose? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is equipment stored securely? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is equipment safeguarded from unauthorised access? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.5.2 | <i>Maintenance, calibration, and servicing</i> | | | |
| | Is equipment appropriately maintained (including calibration and testing at regular intervals and appropriate performance and maintenance logs kept)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.5.3 | <i>Operation</i> | | | |
| | Are all refrigerators dedicated to the storage of medicines fitted with a temperature data logger to allow the effect of any malfunction on the integrity of the medicines to be assessed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the vaccine refrigerator locked if not stored in the dispensary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Is the min/max temperature regularly monitored for all refrigerators dedicated to the storage of medicines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.5.4 | <i>Routine cleaning</i> | | | |
| | Is routine cleaning of equipment being performed and recorded? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.5.5 | <i>Maintenance records and operating procedures</i> | | | |
| | Is equipment maintenance being performed according to a schedule or procedure and appropriate records kept? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.5.6 | <i>Simple compounding equipment</i> | | | |
| | Is the dispensary equipped with a set of approved Class 1 or Class 2 scales in good working order, the operating instructions for which, including minimum weighable mass, are prominently displayed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the dispensary equipped with an adequate range of accurately calibrated measures e.g., 10ml, 50ml & 200ml? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.5.7 | <i>Hazardous materials</i> | | | |
| | Is appropriate protective clothing (laboratory coat, disposable gloves and hair covers, particulate respirators or HEPA filtered respirator masks) being worn during all compounding procedures when handling hazardous materials? | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2.6 | Reference Texts | | | |
| A2.6.1 | <i>Current editions</i> | | | |
| | Is the dispensary equipped with a current range of reference texts relevant to the pharmacy services provided [Refer Board <i>Guidelines on practice-specific issues Guideline 1 (List of reference texts for pharmacists)</i> and e.g., Victorian Department of Health <i>Policy for maintenance pharmacotherapy for opioid dependence</i>]? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are relevant current compounding references readily available to compounding staff e.g., APF, Martindale, SDS (Safety data sheet) register? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are relevant current vaccination references readily available (e.g., Australian Immunisation Handbook, National Vaccine Storage Guidelines: Strive for 5)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Self-Audit Conducted By: | | |
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| Name | Position | Sections |
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| Self-Audit Responses Reviewed by Licensee(s): | | |
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| Name | Position | Date: |
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| Improvement Actions | Action to be completed by | Date action completed |
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