



Victorian Pharmacy Authority

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Form VP35

NOTIFICATION OF COMPLETION OF ALTERATIONS TO EXISTING REGISTERED PHARMACY PREMISES

Complete and lodge this form to notify the Authority that the alterations to your pharmacy premises are complete.

Business name and address of premises:

.....

P/code.....

Telephone number..... Fax number

Email:

The above-mentioned premises were completed according to the plans, specifications and information contained in the application on:

Please answer all of the following questions by writing "Yes" or "No" in the boxes provided.

		YES/NO
1.	Have the floor, ceiling, walls, windows, and doors been completely constructed and secured?	
2.	Has electricity been connected?	
3.	Has water been connected?	
4.	Has a dispensary sink been installed, connected to the sewer and supplied with hot and cold running water?	
5.	Has the telephone been connected?	
6.	Has an alarm been installed?	
7.	Is the alarm operational and monitored by a control room on a 24-hour basis?	
8.	Has a S8 cabinet been installed and fixed in accordance with the requirements of the Drugs, Poisons and Controlled Substances Regulations?	
9.	Has a vaccine or drug refrigerator been installed?	

		YES/NO
10.	Are the premises equipped with Class 1 or Class 2 approved scales?	
11.	Are the premises air conditioned to maintain the correct storage temperature for medicines held in stock?	
12.	Are the premises equipped with a range of stamped conical measures for the preparation of extemporaneous medicines?	
13.	Are the premises equipped with a mortar and pestle, an ointment slab and spatulas or other suitable blending equipment for the preparation of extemporaneous medicines?	
14.	Are the premises equipped with a reference library which includes the LATEST EDITION of the mandatory reference texts listed in the Pharmacy Board of Australia Guidelines. http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx	

Questions 15 to 18 to be answered if the pharmacy is to undertake complex compounding.

15.	Is there a dedicated area (a laboratory) for compounding that is separated from other parts of the pharmacy by floor to ceiling walls or partitions and one or more lockable doors?	
16.	Does the laboratory floor have an impervious covering?	
17.	Is the laboratory fitted with a sink and drainer?	
18.	Will the laboratory be equipped with a powder containment cabinet with a pre-filter, HEPA filtered exhaust air, and a visual air-velocity gauge?	

STATUTORY DECLARATION

Licensee or Pharmacist appointed to be regularly and usually in charge

I, _____
_____ Position

Do solemnly and sincerely declare:

that I have personally verified that the answers to questions 1 to 18 are true and correct and are in no way false, inaccurate or misleading, and I have not omitted any relevant information.

I make this solemn declaration by virtue of the *Evidence (Miscellaneous Provisions) Act 1958* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular. I understand that it is an offence under section 9 of the *Pharmacy Regulation Act 2010* to fail or refuse to give the Authority any information required under section 8 or refuse to produce any documents required under section 8 or wilfully mislead the Authority when giving the information which carries a penalty.

Signature of person making the declaration



Declared at

On this _____ day of _____ 20_____

Before me,

Signature of person before whom the declaration is made.



On this _____ day of _____ 20_____

Print name, qualification and address of person before whom the declaration is made.

Name _____

Address: _____
_____ Postcode