



Victorian Pharmacy Authority

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Form VP36b

NOTIFICATION OF COMPLETION OF NEW PHARMACY DEPARTMENT SATELLITE

Complete and lodge this form to obtain authority to commence practice in the new pharmacy department satellite.

You must have permission to commence **BEFORE** you stock the new premises with scheduled medicines and **BEFORE** you open the pharmacy for business.

The Authority will use your form as the basis of its decision to grant or refuse permission.

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?	

		YES/NO
8.	Has a S8 storage facility been installed in accordance with the requirements of the Drugs, Poisons and Controlled Substances Regulations?	
9.	Has a vaccine or drug refrigerator been installed?	
10.	Are the premises air conditioned to maintain the correct storage temperature for medicines held in stock?	
11.	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	
12.	Are the premises suitably equipped to provide the pharmacy services to be offered from the satellite?	

Please note registration may not be granted unless you have answered YES to questions 1 to 12 inclusive.

When do you propose to open these premises for business?

Declaration by Pharmacist appointed to be regularly and usually in charge

I declare that I have personally verified that the answers to questions 1 to 12 are true and correct

Signature

Reg No Position

Date:

Witness Name

Witness Signature

Date: