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PCF 5(a)

PHARMACY COUNCIL RECEIVED 08 JUL 2024 P.O. BOX 93, MWANZA

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant KULWA PASTORY
2. Physical Address of the Applicant P.O BOX 2526 MWANZA
3. Contacts **(mobile phone)** 0756464171
4. Email address (if any) kulwapastory7@gmail.com

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street _____ Plot No. _____
   Ward NYAMAGO District ILEMELA Region MWANZA
6. Name and distance from the **Public Health Facility** in metres
   2KM FROM BUZURUGA HEATH CENTRE
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres
   152M FROM AMANI PHARMACY
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres
   —
9. Proposed Business Name (BRELA Certificates if any) NYAMAGANGANO PHARMACY
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
    RETAIL

SECTION C: DECLARATION

I/~~We~~ declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

KULWA PASTORY 05.07.2024

Name and Signature of the Applicant **Date of Application**

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No. _____ Signature _____

Inspection Section

I/We inspected the area/building of the proposed premises on (date) _____ and I/We have found that the said premises location **does not/does** meet the required standards.

Reasons for rejection _____

Name, Signature of Inspector (1) **Name, Signature of Inspector (2)**

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924063236240635**
Received from	: Pasyory Kulwa
Amount	: 100,000.00
Amount in Words	: One Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142201270421 - Inspection of Premises - Inspection of Premises*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16220061241800594581
Payment Control Number	: ***991620241310***
Payment Date	: **2024-03-03 15:42:56**
Issued by	: Beatus Mpogoza
Date Issued	: 2024-07-08 10:36:51
Signature	: .....

MINISTRY OF HEALTH
PHARMACY COUNCIL

PCF.5(b)

OBSERVATION FORM FOR NEW PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)
(Made under Regulation 4 & 5 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

FILL ALL PARTS IN CAPITAL LETTERS

SECTION A: APPLICANT INFORMATION

1. Name of the Applicant: KULWA PASTORY
2. Physical Address of the Applicant: P.O BOX 8526, MWANZA
3. Contacts **(cell phone)**: 0756 464171
4. Proposed Business name NYAMILANGANO PHARMACY
5. Type of Business: eg: Retail, Wholesale: RETAIL PHARMACY

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	AMANI PHARMACY	154M
Name and distance from unsuitable area	SHAY LIQUOR STORE	128M
Name and distance from public health facility	BUZURUGA H/C	688M

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)		$37.6 m^2$
Width (W)		

SECTION C: GENERAL OBSERVATIONS

1. JENGO LIPO MITAA WA NUNDU, KATA YA MECCO, WILAYA YA ILEMELA
2. HAKUNA MAZINGIRA HATARISHI KARIBU NA JENGO.

(NB: Size of the building should not be less than $30m^2$ for community pharmacy and not less than $60m^2$ for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m and distance from unsuitable areas should be not less than 50m)

SECTION D: RECOMMENDATIONS

1. JENGO NA JENGO VIMEKIDHI VIGEZO VYA FAMASI YA REJAREJA KWA MUJIBU WA KANUNI ZA UJAILI WA MAJENGO YA FAMASI ZA 2020, KANUNI YA 4 & 5.
2. MMILIKI AZIBE MLANGO MMOJA NA KUBAKI MMOJA TU NA AFANYE MAREKEBISHO KWA MUJIBU WA PCF 6 ILIYOPO KATIKA JEDWALI YA BARAZA LA FAMASI.

SECTION E: INSPECTOR'S DECLARATION

Names	Designation	Signatures
(i) DAWSON BALYEBONERA	INSPECTOR - PC	
(ii) EDELWARD MUKIZA	INSPECTOR - PC	

I Declare that, the information provided here is true and correct to the best of my knowledge, I also know that if eventually it is proved by the Council that the information I have given it false, fictitiousor fraudulent or based on inadequately verified information, may result in appropriate, legal action by the Council.

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) KULWA PASTORY

I Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge

9.07.2024
Date

PCR. 6

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

CHECKLIST FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4,5 &6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020

SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: KULWA PASTORY Type of Ownership SOLE
2. Physical Address of the Applicant: NUNDU ILEMELA Geo Code: —
3. Postal Address: P.O BOX 2526, MWANZA
4. Contacts (Phone): 0756464171 Email Address: —
5. Proposed/Existing Business name NYAMILANGANO PHARMACY
6. Type of Business: RETAIL

SECTION B: DETAILS OF THE PREMISES LOCATION

	Criteria	Name of premises/facility/area	Distance (Meters)
1.	Name and distance from a nearby Pharmacy and category	AMANI PHARMACY	154M
2.	Name and distance from nearby health laboratory	—	—
3.	Name and distance from public health facility	BUZURUGA H/C	688M
4.	Name and distance from unsuitable or risky premises.	SHAY LIQUOR STORE	128M

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

i) Size of the Building in Square meters (M^2) 37.6M2

ii) Number of rooms/compartments: 03

At least four (4) rooms (i.e. *Consultation room, Display, Dispensing & Store*)

a) **Display Room & Consultation room**

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	YES	
Fan	YES	
Air Condition	YES	
Waiting chair(s) for customers	YES	
Table and chairs in consultation room	YES	
Cupboard for files storage	YES	
Installed Fire Extinguisher	YES	

b) **Dispensing & Store room** YES /NO

Description of standard	Availability (YES/NO)	Comment
Air Condition	YES	
Fan	YES	
Lockable shelves for Prescription drugs and controlled substances	YES	
Presence of source of water and a hand washing basin/sink	YES	
Provision for sitting desk for superintendent	YES	
Dispensing window with sliding glasses	YES	
Open shelves/pallets	YES	
Strong and secured windows	YES	
Refrigerator	YES	
Working room thermometer	YES	

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

At least three rooms (i.e. *Display & Dispatch area, Sales/Record keeping room and Store room*)

a) **Display & Dispatch room**

Description of standard	Availability (YES/NO)	Comment
Presence of source of water and a hand- washing basin/sink		
Ceiling Fan		
Air Condition		
Waiting chair(s) for customers		
Reception Desk		
Display cabinet with glasses		
Working room thermometer		

b) **Display & Dispatch area**

Description of standard	Availability (YES/NO)	Comment
Presence of source of water and a hand- washing basin/sink		
Ceiling Fan		
Air Condition		
Waiting chair(s) for customers		
Reception Desk		
Display cabinet with glasses		
Working room thermometer		

c) **Sales/Record keeping**

Description of standard	Availability (YES/NO)	Comment
Ceiling fan		
Air Condition		
Provision for sitting desk and working table for superintendent		
Lockable shelves for keeping document		

d) **Storage room**

Description of standard	Availability (YES/NO)	Comment
Air Condition		
Strong door toward storeroom		
Strong grilled window		
Open shelves/pallets		
Confined area for recalled and expired drugs		

SECTION E: SECURITY OF PREMISES

a) **External.**

Description of standard	Availability (YES/NO)	Comment
Provision of adequate barrier	YES	
Presence of strong grilled windows	YES	
Provision of main entrance double doors; Grilled door outside and glass door inside	YES	
Presence of only one main entrance door	YES	

a) *External.*

Description of standard	Availability (YES/NO)	Comment
Provision of suitable lockable storage poisons	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Presence of water supply and hand wash basin/ Sink in dispensing room	YES	
Presence of weigh balance and weights	YES	

SECTION F: RECORD BOOKS (TO BE PROVIDED DURING OPERATION).

Description of standard	Availability (YES/NO)	Comment
Ledger book or an appropriate inventory control system		
Prescription only Medicines Book (Dispensing Book)		
Controlled drugs Book		Available when operating
General sales drugs Book (Both)		
Expired drugs Book		
Complaints Handling Book		
Visitors Book		
Inspection Reports Register		
Written procedures for maintenance of cold chain products		

NB: For both retail & wholesale pharmacy entrance for each service should use a separate entrance/reception

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW/EXISTING PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

General observations

i. JENGO LIMEFANYIWA MAPENGENEZO, KUNA VYUMBA VITATU NDANI KWA MJILI YA KAUNTA, OFISI YA MFAMASIA NA STOO

ii. KAUNTA INA AC, FEN OUV, VITI VYA WATEJA, MZANI, MAKABATI YA DAWA, OFISI YA MFAMASIA KUNA MEZA NA VITI, STOO KUNA FENI, DDA BOX, MAKABATI YA DAWA JOKOFU NA PALLETS.

iii. JEK

iv.

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m)

Recommendations

i. JENGO LINAKIDHI VIGEZO KWASILI KWA FAMASI YA REJEREZA TU.

ii. TAZA PCF 12, 13 NA, 20 & 21 KUSIJA WASILISHA KATIKA OFISI ZA BARAZA LA FAMASI ZIKIAMBATANA NA MRAJABA WA MTEKNOLOJIA DAWA, COMMITMENT FORM NA VYETI NA LESENI ZA WAFANYAKAZI WA FAMASI NDANI YA SIKU 7.

iii.

iv.

Inspector's declaration

Name	Designation	Signature	Date
(i) Dawson Batseberer	Inspector-PC		20/8/2024
(ii) JOHN PHILIPO	INTERN - PC		20/08/2024

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we have given is true and correct. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

Owners /Incharge Certification

I (Full Name of Owner) KULWA PASTORY Certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge Pastory Date 20.08.2024

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of premises/plan. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0102019

This is to certify that the premises owned by M/S ***Nyamilangano Pharmacy*** of ***P.O.Box 1370, Mwanza*** located at ***Mwananchi Street, Mahina ward - Nyamagana*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102019***

Issued in: ***March 2022***

Expires on: ***30 June 2027***

02-05-2022

DATE:

SIGNATURE OF REGISTRAR AND STAMP

REGISTRAR
PHARMACY COUNCIL
P.O.BOX 31818 DAR ES SALAAM

CONDITIONS

1. ***The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered***
2. ***This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises***
3. ***Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council***
4. ***This certificate is non transferable to other premises or to any other person***
5. ***Both certificate and business permit shall be displayed conspicuously in the registered premises***