PA Version 2025.1	TASMANIAN PHARMACY AUTHORITY Email: registrar@pharmacyauthority.tas.gov.au Telephone: 0417 752 348 ABN 34 562 572 269

Application for approval for ALTERATIONS to a pharmacy business premises

Pursuant to the *Pharmacy Control Act 2001,* s71KC

This form is to be used if:	You are planning to perform any alterations to an existing approved and registered pharmacy business premises. Alterations are defined under the TPA Guidelines.
This form should **NOT** be used if:	You are proposing to move the pharmacy to another premises, even within the same shopping centre. You must use Form PNR (application for approval and registration of a new or relocating pharmacy)
You may also need to submit:	If you are proposing a new name as well as making alterations to the pharmacy, please complete Form PNC – Application for Pharmacy Name Change If the alterations include the addition of a complex compounding laboratory, please complete form PACC - Application for Alterations to a Pharmacy Business Premises to Include a Complex Compounding Laboratory
The fee for this application is:	150 fee units

When alterations are approved, an in-principle approval will be issued for six (6) months. If alterations are not finalised during that time, you will need to request an extension. Any extensions are in effect for a further six (6) months from the date of extension. If alterations are not completed within a 12-month period from the date of the initial approval, then the approval will lapse and you will need to apply again, with full paperwork and another payment.
Please note that approval of alterations by the Tasmanian Pharmacy Authority does not automatically infer that section 90 pharmacy approval will be granted by the Australian Community Pharmacy Authority (ACPA).

Completed forms should be emailed to registrar@pharmacyauthority.tas.gov.au for consideration by the Tasmanian Pharmacy Authority. Forms must be submitted no later than ten days prior to the meeting at which they are to be considered. Forms submitted after this date will be delayed until the following meeting.

Incomplete forms will be returned. If you have any questions, please phone the Registrar.

FALSE DECLARATION

A person found guilty of making a false or misleading statement is guilty of an offence and is liable to a penalty of up to 100 penalty units (*Pharmacy Control Act 2001*, s68)

ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You may access your personal information on written request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.

1 The Pharmacy

1.1 Owner(s)

Please list the name and email address of each owner of this business ie the holder(s) of the Eligibility Certificate (these may be individuals or body corporates). If more space is required, please append additional pages.

Name	Email

1.2 Premises

Pharmacy Name	
Address	
Phone	Fax
Email	
TPA identifier P Y	

1.3 Contact Details – for all correspondence in relation to this application; this must be an owner or pharmacist-in-charge

Name
Phone
Email

2. The Proposal

2.1 Please briefly outline/describe the proposed alterations and the changes to be made

_____
_____
_____
_____
_____

2.2 When is it proposed that work will commence on site? _____/_____/_____

NB Work cannot begin until in-principle approval is given by the Authority.

2.3 Is building approval required for the proposed alterations? YES or NO

If no, please go to question 2.4

If yes, provide a copy of the permit.

2.4 Will the premises provide access to another business? YES or NO

If no, please go to question 2.5

If yes, provide details of the other business and access

_____
_____
_____
_____
_____

2.5 Will there be a third party business or agency operating from within these premises, other than a pharmacy?

If no, please got to question 2.6 YES or NO

If yes, provide details of the business/agency and who is responsible for its operation

_____
_____
_____
_____
_____

2.6 Will vaccination services be provided? YES or NO

If no, please go to question 2.7

If yes, please complete the following table:

Please confirm that your vaccination area offers the following:

	√
An area that can be kept clean and tidy, which is sanitised between clients	
Adequate lighting to ensure safe work practices	
No superfluous equipment or furniture	
A minimum dimension of 2000mm at any point	
A minimum available floor (free of equipment and furniture) area of $4m^2$	
Privacy for sound ie full height walls	
Visual privacy	
A lockable door - sliding cavity or outwards opening	
Access for clients with a disability	
Three seats (for the client, a carer and the vaccinator) or two seats and a bed	
Sufficient floor space to provide first aid if required, including an unconscious casualty lying on the floor.	
A desk or similar	
Sufficient storage for all necessary equipment and records/documents	
Hand washing and/or hand sanitation facilities	
A sharps disposal bin stored a minimum of 1300mm from the floor	
An in-date anaphylaxis kit	
Laminated posters describing adrenaline doses and treatment of anaphylaxis	
Medical waste bin	
Access to a vaccine refrigerator, which:	
- is monitored manually twice daily	
- contains a data logger for continuous temperature recording	
Access to cold chain contingency equipment ie Ice blocks, cooler/eski and a maximum/minimum thermometer and/or UPS for refrigerator power supply	
Privacy and security of any/all client records stored there or as relevant for the day's appointments	
Seating in close proximity and in line of sight of the dispensary for post-vaccination observation	
Will not be used for the storage of scheduled medicines other than vaccines and adrenaline,	
Will not be used for the preparation/storage of dose administration aids and associated items	

The approved vaccination area **must** comply with all requirements of the current versions of the following:

- Pharmacy Control Act 2001,
- Tasmanian Pharmacy Authority Guidelines,
- Poisons Act 1971 and Poisons Regulations 2018,
- Immunisation Program Guidelines as issued by the Department of Health Tasmania,
- Australian Immunisation Handbook, and
- Pharmaceutical Society of Australia Professional Practice Standards.

It is the obligation of the pharmacy owner to ensure all these requirements are met.

3. Floor Plan

You must attach a floor plan of the pharmacy premises, professionally drawn to scale to enable assessment of your application.
This floor plan must include the following details:

	√
The entire approved premises	
The location of any doors, windows and skylights	
The location, dimensions and area of the dispensary *	
The boundary of the dispensary	
The 4 m radius from the dispensary boundary	
The location for storage and display of Schedule 2 and Schedule 3 medicines	
Is constructed in a manner which minimises distractions to dispensary processes	
Location, dimensions and area of dispensing benches, including height of benches and height of any screens between the dispensary and trading area	
Location of stainless-steel sink and reticulated hot and cold water	
Locations of Schedule 8 medicine enclosure, refrigerator, cold chain contingency equipment, and heating facilities for the dispensing and compounding of drugs and medicines	
Location(s) of computer equipment and showing the area of bench space occupied by this equipment	
Location of dispensing robot if used. Brand and model number to be noted	
Location and dimensions of counselling area or room	
Location and dimensions of storeroom(s) or secure unpacking area	
The location and dimensions of the vaccination area	
The location of post-vaccination seating	
The location of desks, chairs, bed or other required furniture	
The location of hand washing facilities	
The location of the vaccination fridge	
Location and dimensions of trading area; including counters and gondolas	
Location(s) and dimension(s) of any other rooms or areas, eg office, staffroom, toilets	
Location and dimensions of any agencies, eg Post Office, Bank or ATM , Health Insurance, Credit Union etc	

4. Security

4.1 Please describe how the perimeter of the building is protected from illegal entry

Windows/Doors/Skylights_____
_____
_____
_____

4.2 Please describe how legal access is gained to the premises

Key/swipecard/fob/keypad/other_____
_____

_____

_____

4.3 An alarm system must be fitted. Please confirm it complies with the following:

The alarm system -	√
-has an audible siren	
-is monitored by a central monitoring station 24/7	
-will be set and tested daily	
-will be inspected annually by a duly qualified technician	
-will be monitored for line failure and send an alarm if connection is lost	

5. Schedule 8 Medicine Storage

A Schedule 8 medicines enclosure that complies with Poisons Regulation 2018 is essential.

How many Schedule 8 medicine enclosures are there? _____

Brand(s) and Model(s) of enclosure(s) installed _____

In-ground or floor enclosure?_____

Weight of floor enclosure ? _____

Are all Schedule 8 medicine enclosures approved by Pharmaceutical Services Branch? YES/NO

Is any floor enclosure glued and bolted to a concrete floor? YES/NO/NA

Is a 'day safe' used? YES/NO

If yes, is there adequate room in the approved medicine enclosure to store all medicines after the business is closed? YES/NO/NA

*Definition of a Dispensary-

6. Declaration

We the owners of_____

Name of the Pharmacy

Declare that, to the best of my/our knowledge and understanding:

a) the information provided in this application is true and correct

b) all activities undertaken in the pharmacy business premises will comply with all Legislation, Standards and Guidelines as issued from time to time

c) I/we understand the premises will be inspected from time to time to ensure compliance with this declaration

Name	Ahpra number	Signature	Date

All owners must sign. If more than four owners, please make copies of this page

7. Checklist

Before submitting this form, please ensure you have completed the following:

	√
All sections are complete, including N/A if not applicable	
Application is submitted in the legal name/s of the pharmacy owner/s (Eligibility Certificate holder/s)	
Professionally drawn plans are attached, showing all items required in section 3	
Council building permit is attached if required	

*Definition of a dispensary

The dispensary is that part which: a) is an area within a pharmacy that a pharmacist reserves for the dispensing or preparation of prescriptions and scheduled medicines;

b) is enclosed by walls and/or partitions which ensure privacy for the pharmacist;

c) provides an environment where a pharmacist can undertake dispensing and other functions in a safe and professional manner (including measures to control and minimise distractions); and

d) is an area where schedule 3 and schedule 4 medicines are stored;

e) is an area to which the public is denied access;

f) is positioned to allow a pharmacist to effectively supervise that part of the pharmacy premises where schedule 2 and unscheduled medicines are kept, sold or supplied;

g) is an area where the pharmacist has ready access to required reference materials;

h) is an area separate from where items other than medicines are kept or stored; and

i) is an area in which medicines are stored in a manner which will not promote the sale of a product or to which undue attention would be drawn; and

j) is separate from the area for unpacking goods

Ref: Tasmanian Pharmacy Authority Guidelines v6.1, s8.2