



MINISTRY OF HEALTH

PHARMACY COUNCIL

ROUTINE INSPECTION-FORM

Section A: Proprietor/Superintendent/Premise information

- i. Name, Physical Address and Location of the Premise _____
- ii. Name and Phone No. of proprietor _____
- iii. Name of the **Superintendent, Phone No. and Registration No.** _____
- iv. Name of the **Dispenser, Phone No. Registration / Enrolment / Enlisting No.** _____

Section B: Inspectors Observations/Recommendations.

The Inspectors, after inspected the said premise, have the following observations/recommendations:-

No	Observations	Recommendations
1.	Business permit validity:- Yes/No	
2.	Premise license validity:- Registered, Reg No _____ Year _____ Not Registered.	
3.	Fees status (Profession, Retention) pharmacy only. Years paid _____ LOGO _____	

4. **Other observations:-**

Section C: Inspectors and Owner/ In charge declarations.

We (names)

(Signatures)

(Date)

(i) _____

(ii) _____

Have inspected the above mentioned premises and to the best of our knowledge, we hereby admit that the information we have given is **true** and **correct**.

I _____ **Declare and Confirm** that, my premise has been inspected by inspectors from pharmacy Council on _____ and I agree with the information documented by inspectors.

Signature of Owner/In charge.

Date.