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# PHARMACY REGISTRATION BOARD OF WESTERN AUSTRALIA

(A.B.N. 75 635 660 854)

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## GUIDELINES FOR PLANS OF REGISTERED PREMISES

### ALL PLANS of premises are required to –

1. be drawn in black ink, on one side only, on A3 paper
2. have clear margins of at least 10mm on all sides with no printing, drawing or writing extending into any margin
3. show a north point
4. be drawn to scale in metric measurement, preferably 1:50 or 1:100
5. include the following TITLE information in BLOCK lettering on the bottom right corner-
  - a. BUSINESS NAME of premises
  - b. REGISTRATION NUMBER of premises
  - c. number of plan such as PLAN ONE OF FOUR
  - d. type of plan such as PREMISES, BUILDING or SITE
  - e. style of plan such as FLOOR or ELEVATION
  - f. SCALE of plan
  - g. DATE of plan
  - h. for registered premises, the NAME of the pharmacist with overall responsibility for the pharmacy business carried on at the pharmacy
  - i. for premises to be registered, the NAME of the applicant
6. as appropriate, either the SIGNATURE of the pharmacist with overall responsibility for the pharmacy business carried on at the pharmacy or the applicant below the title information.

### Notes:

- With respect Item 6, the name and signature of the person acting on behalf of the applicant may be substituted for the signature of the applicant.

### A SET of plans comprises -

1. the **PREMISES** and
2. if the premises do not comprise the whole of a building, the **BUILDING** where the premises are situated that highlight the location of the premises within the building.
3. if construction is to be carried out, plans of the **SITE** that highlight the location of the premises to be registered.

### A plan of the PREMISES must clearly show -

1. the perimeter and total area of the premises in square metres
2. the perimeter of the dispensary outlined with a coloured border and total area of the dispensary in square metres
3. the perimeter for private consultation between a pharmacist and consumer including the dimensions of any privacy screens

4. if applicable, the perimeter and total area of each non pharmacy business operating at the premises in square metres
5. all entry and exit points and the purpose of each entry and/or exit point
6. fixed and mobile fittings including a description and the dimensions of any barriers used to prevent consumer access to Schedule 2 medicines and Schedule 3 medicines
7. if applicable, the location of security cameras and monitors to be put in place to ensure that all Schedule 2 medicines and Schedule 3 medicines are stored under the direct supervision of a pharmacist and that Schedule 3 medicines are provided to the general public with the direct supervision of the pharmacist
8. the storage area(s) for Schedule 2 medicines
9. the storage area(s) for Schedule 3 medicines
10. the storage area(s) for Schedule 3 Restricted and Schedule 4 medicines
11. the storage area(s) for Schedule 8 medicines
12. the dispensary sink, confirming hot and cold water available
13. the refrigerator
14. all dispensing stations

**Notes:**

- With respect to Item 2, a minimum floor area of 10 square metres is required for new premises and registered premises undergoing a significant alteration after 18 October 2010.
- With respect to Item 3, an area for private consultation is required for new premises and registered premises undergoing a significant alteration after 18 October 2010.
- With respect to Item 6, refer to the Board's *Guidelines for the Design of Barriers Intended for the Prevention of Access to Scheduled Medicines by the General Public* and the *Poisons Regulations 1965*.
- With respect to Item 11, if a Schedule 8 exemption exists, or has been requested on the Pharmaceutical Chemist Licence Application submitted to the Health Department of Western Australia, then this information must be notated on the plan.
- With respect to Items 8 and 9, the pharmacist must be able to effectively supervise that area of the premises where Schedule 2 medicines and Schedule 3 medicines are stored, sold or supplied by ensuring there is a clear line of sight from all areas of the dispensary.

**PHARMACY INFORMATION**

Pharmacy Name: \_\_\_\_\_

Pharmacy Registration Number : \_\_\_\_\_

New Premises:       Yes    No (please tick one)

Name of Pharmacist with overall responsibility for the pharmacy business carried on at the pharmacy: \_\_\_\_\_

**LIST OF PLANS**

The following plans are attached for consideration by the Pharmacy Registration Board of Western Australia

<b>PLAN NO.</b>	<b>DESCRIPTION OF PLAN</b>	<b>PLAN STYLE</b>
1	Premises	<input type="checkbox"/> Floor <input type="checkbox"/> Elevation
2	Dispensary	<input type="checkbox"/> Floor <input type="checkbox"/> Elevation
3	Building	<input type="checkbox"/> Floor
4	Site	
5		
6		
7		

**STATEMENTS**

1. Confirmation that the premises are or will be constructed so as to be secure from unauthorised access through doors, windows, walls and ceilings:

Yes      No (please tick one)

2. For new premises and premises undergoing a significant alteration after 18 October 2010, confirmation that the premises will have an area in which a consultation conducted by a pharmacist is not reasonably likely to be overheard by a person not a party to the consultation (area for private consultation) as required under Schedule 1 of the Pharmacy Regulations 2010 and an explanation of how the premises design delivers this requirement:

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**DECLARATION by the pharmacist with overall responsibility for the pharmacy business carried on at the pharmacy or the applicant:**

I,

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(address)

of

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Postcode:

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Do hereby declare:

- (i) that **all** of the information included in this application is true to the best of my knowledge and is in no way false, inaccurate or misleading
- (ii) I am familiar with the Pharmacy Act 2010, and I will take all reasonable steps to maintain the premises and conduct the pharmacy business in accordance with that Act.

Signature:

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Date:

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