



## Victorian Pharmacy Authority

Level 2, 15-31 Pelham St  
Carlton Vic 3053

Tel: 03 9653 1700

Email: [enquiries@pharmacy.vic.gov.au](mailto:enquiries@pharmacy.vic.gov.au)

### Form VP35

## NOTIFICATION OF COMPLETION OF ALTERATIONS TO EXISTING REGISTERED PHARMACY PREMISES

Complete and lodge this form to notify the Authority that the alterations to your pharmacy premises are complete.

***Under the Oaths and Affirmations Act 2018, it is an offence to make a statement in a statutory declaration that the person knows to be untrue. A person who commits that offence can be liable to a maximum penalty: 600 penalty units or imprisonment for 5 years or both.***

*Personal information on this form is collected for the primary purpose of administering the Act. Personal information will not be disclosed to any other person or agency unless you have given us permission, or we are required or authorised by law. For further information on collection and disclosure of personal information by the Authority, or how to request access or correction to your personal information, please refer to the Authority's Privacy Collection Notice and Privacy Policy.*

**Business 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. The questions relate to the entire pharmacy, not just the areas affected by the alteration.

		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?	

		YES/NO
6.	Has an alarm been installed?	
7.	Is the alarm operational and monitored by a control room on a 24-hour basis?	
8.	Has a Schedule 8 cabinet been installed and fixed 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 equipped with Class 1 or Class 2 approved scales?	
11.	Are the premises air conditioned to maintain the correct storage temperature for medicines held in stock?	
12.	Are the premises equipped with a range of stamped conical measures for the preparation of extemporaneous medicines?	
13.	Are the premises equipped with a mortar and pestle, an ointment slab and spatulas or other suitable blending equipment for the preparation of extemporaneous medicines?	
14.	Are the premises equipped with a reference library which includes the <b>LATEST EDITION</b> of the mandatory reference texts listed in the Pharmacy Board of Australia Guidelines. <a href="http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx">http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx</a>	

**Questions 15 to 18 to be answered if the pharmacy is to undertake complex compounding.**

		YES/NO
15.	Is there a dedicated area (a laboratory) for compounding that is separated from other parts of the pharmacy by floor to ceiling walls or partitions and one or more lockable doors?	
16.	Does the laboratory floor have an impervious covering?	
17.	Is the laboratory fitted with a sink and drainer?	
18.	Is the laboratory equipped with a powder containment cabinet with a pre-filter, HEPA filtered exhaust air, and a visual air-velocity gauge?	

## STATUTORY DECLARATION

Insert the name, address and occupation of the person making the declaration	I, _____ <div style="text-align: right;">(The name of the licensee or pharmacist regularly and usually in charge)</div> of _____ <div style="text-align: right;">(Address)</div> _____ <div style="text-align: right;">(Address)</div> _____ <div style="text-align: right;">(Occupation)</div>
The matter declared	make the following statutory declaration under the Oaths and Affirmations Act 2018:  1. <b>All</b> the information included in this form is true to the best of my knowledge and is in no way false, inaccurate, or misleading, and I have not omitted any relevant information from this notification; and 2. I am familiar with the requirements of the <i>Pharmacy Regulation Act 2010</i> .  <b>I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.</b>
Signature of person making the declaration	_____ <div style="text-align: right;">(Signature)</div>
Place (City, town or suburb)	<b>Declared at</b> _____ <b>In the state of Victoria</b>
Date	On: _____
Signature of authorised statutory declaration witness	<b>I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:</b>  _____ <div style="text-align: right;">(Signature of Statutory Declaration witness)</div>
Date	On: _____ <div style="text-align: right;">(Date)</div>
Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)	_____ <div style="text-align: right;">(Name)</div> _____ <div style="text-align: right;">(Capacity in which authorised person has authority to witness statutory declaration)</div> _____ <div style="text-align: right;">(Address)</div> _____ <div style="text-align: right;">(Address)</div>
	A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration