

**UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH**



TANZANIA FOOD AND DRUGS AUTHORITY
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**ABBREVIATED PART I DRUG DISPENSING OUTLET INSPECTION FORM
(RETAIL PHARMACIES AND WHOLESALERS) (TFDAINS Form 005)**

1. General

1.1	Region where the facility is situated (circle one on the list below)					
	Arusha	Kagera	Manyara	Mwanza	Singida	
	Dar es Salaam	Kigoma	Mara Mbeya	Pwani Rukwa	Tabora	
	Dodoma	Kilimanjaro	Morogoro	Ruvuma	Tanga	
	Iringa	Lindi	Mtwara	Shinyanga		
1.2	Name of Outlet:					
1.3	Type: (circle)					
	Warehouse	Wholesale	Wholesale/Retail (Part I)	Retail Part I		
1.4	Mailing Address:		1.5 Physical Address/Location:			
		Street/Ward.....			
		District.....			
1.6	Telephone Number:		1.7	Fax Number:		
1.8	E-mail Address:					
1.9	Premises Licence Number:		1.10	Is the licence valid? Y / N	1.11	Is the original licence displayed? Y / N
1.12	Name of Pharmacist in Charge:		1.13	Pharmacist Registration Number:	1.14	Is the Certificate of Registration displayed? Y / N
1.15	Date of Inspection:		1.16	Date of Last Inspection:		
1.17	Ownership/Name of Proprietor(s):					
1.18	If the owner is not a pharmacist, does he/she have a valid contract with a registered pharmacist? Y/ N/ NA					

Prepared by:	Checked by:	Approved by:
Date:	Date:	Date:

2. Personnel

2.1 Responsible Staff (other than the pharmacist in charge)

2.1.1	Name:	
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2.1.2	Qualification:	
2.1.3	Position/Title:	

2.2 Sales Person(s)

2.2.1	Name	2.2.2	Qualifications
1.			
2.			
3.			

3. Type of Inspection

3.1. Circle one: Announced/Unannounced	3.2 Circle one: Routine, Concise, Follow-up, Special, Investigative	3.3 Postmarketing surveillance done? Y / N If yes, go to #10. If no, go to #4.
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4. Legality of Stocked Products

Note: In case of nonconformity, stop the inspection, confiscate the products, and fill in the Confiscation/Quarantine Form.

	Yes	No	Number of Products Confiscated
4.1 Are there unregistered products stocked on the premises?			
4.2 Are there unauthorised products in stock?			

5. Product Label Examination

5.1	Closely examine the products in stock and evaluate the labels in respect to:				
		Warehouse	Wholesale	Wholesale/Retail	Retail Part I
5.1.1	Language of labels and package inserts				
5.1.2	Any signs of tampering				
5.1.3	Labelling requirements				
5.2	In case of nonconformity, explain: If space provided is not enough, please use continuation page(s).				

6. Samples for Examination

6.1	Conduct physical examination on pharmaceutical products stocked in the facility according to SOP No. TFDAINS 002 and take samples of batches of antimalaria and antibiotic drugs included in the drug quality surveillance programme for GPHF Minilab screening. For suspicious antimalarials and antibiotics, take samples in accordance with SPD 02-00, SPD 02-01, SPD 03-01, or SPD 05-01, as appropriate.	
6.2	Number of batches of products sampled under the surveillance programme	
6.3	Number of batches of suspicious products sampled	

7. Any Other Observations

If space provided is not enough, please use continuation page(s).

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8. Recommendations

Name and Address of Facility:	
Items requiring attention:	Actions agreed to be taken and timeline:

9. Owner's/In-charge Declaration

I/we,, the in-charge/owner of the said premises, certify the information and observations made on this sheet during the inspection of the premises to be true and correct.

Signature:	Date:
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10. Name(s) of Inspector(s):

Signature(s) of Inspector(s)

1.	
2.	
3.	

Date:
