

**FORM F**

**(r.47(2)(a))**

**VETERINARY MEDICINES PREMISES INSPECTION FORM**

*(to be filled in triplicate, one copy to be retained at the inspected premises)*

I, the undersigned, of (postal address) .....have today carried out an inspection of .....as required by Regulation 18 of the Veterinary Surgeons and Veterinary Para-professionals (Veterinary Medicines Directorate) Regulations.

Identification of premises;

- (1) Name of owner/proprietor.....
- (2) Physical location (specify).....
- (3) Address.....
- (4) Premise Permit No. ....
- (5) Authorized classes and categories of medicines dispensed .....

The following findings are reported—

- Location with respect to fire hazards.....
- Separation from other veterinary operations.....
- Separation from non-complementary businesses.....
- Restriction of access to Category I and II veterinary medicine by personnel .....
- .....
- Vermin and insect proofing .....

Security and safety measures for veterinary medicine.....

Storage conditions.....

Descriptions of floors and the walls of the building.....

Description of safety cabinets for medicines.....

Personnel protection equipment used in premises .....

Description of size and space for operations .....

Description of disposal system for expired veterinary medicines .....

Competency of staff .....

Identification of hazard areas .....

Labeling of sections .....

Labeling of veterinary medicines designated areas.....

Emergency lighting, firefighting equipment and first aid kit(s). .....

Emergency protocols displayed .....

Standard operating procedures displayed.....

Records of movement of all veterinary medicines .....

Sanitary facilities .....

7. Other comments .....

Summary of significant observations .....

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Inspection carried out in presence of:

Name.....ID No..... Position in the  
business.....Signature..... Date.....

I have the following recommendations to make—

.....  
.....  
.....

The previous inspection was carried out on .....

*Signature*.....

*Designation*.....

Date .....

**FOR OFFICIAL USE**

Premise approved/rejected

Action taken .....

Signature ..... Date .....

The Chief Executive Officer, Veterinary

Medicines Directorate