#### **National Drug Authority**

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# INSPECTION REPORT FOR PHARMACY/DRUG OUTLETS IN PUBLIC AND PRIVATE NOT FOR PROFIT (PNFP) HEALTH FACILITIES

Indicator Key:						
**	CRITICAL Indicator					
*	MAJOR Indicator					
(no stars)	MINOR Indicator					

#### PART A: Pharmacy/drug outlet information

1.	NDA Region					
2.	District					
3.	Name of health facility					
4.	Level and ownership (health facility)	Public O	Hospital 🔾	НС4 ○	нсз 🔾	нс2 🔾
a)	Physical address of premises					
b)	GIS coordinates					
c)	Name of in-charge of the facility					
d)	Telephone number (for In- Charge)					
e)	Email address (for In-Charge)					
5.	Is the license application new or renewal (tick)?	Renewal 〇	New O			
a)	Write previous license number, if renewal					
(In	dicate N/A for new inspection)					
6.	Date of inspection					
7.	Name and address of nearest retail pharmacy to premises					
8.	Approximate distance to nearest pharmacy (km)					
9.	Inspector (name and phone number)					

### PART B: Ownership and staffing

10. Name of owner						
11. Number and qualification of staff working in store, pharmacy or dispensary (fill out table below)?						
Number of staff	Qualification	Role (include all roles of staff with this qualification)				
		Name	Qualifications			
12. Name and qualifications of person dispensing today						
13. Is the person dispensing today qualified to dispense?		Yes				
15. IS the person disp	ensing today quanned to dispense:	No				

### **PART C: Premises**

			Nil-	
Indicator	Location	Acceptable	Needs Improvement	Unacceptable
14. ** Walls are clean without holes and signs of humidity and degradation, and made of a material	Dispensary			
that allows for easy cleaning (tiles or oil paint).	Store			
Comments			,	
15. ** Roof is in good condition to avoid water penetration. It is without holes or signs that water is	Dispensary			
running through. There is a ceiling made of cardboards, papyrus or cement.	Store			
Comments				
		T	T	
16. * Floors are made of a material that is easy to clean, free of holes and big cracks and the floor appears	Dispensary			
clean and newly swept and washed also in the corners.	Store			
Comments				
17. ** The medicines are protected from direct sunlight	Dispensary			
(painted glass, curtains, blinds or no windows).	Store			
Comments				

Indicator	Location	Acceptable	Needs Improvement	Unacceptable
18. * There are no signs of pests, harmful insects or	Dispensary	Тесерение	mprovement	Спассорание
rodents seen.	Store			
Comments				
19. The temperature is monitored daily and the	Dispensary			
temperature is recorded.	Store			
Comments				
20. The temperature can be regulated with ventilation,	Dispensary			
air-condition or by opening windows.	Store			
Comments				
Indicator	Location	Size (m²)	Yes	No
<ul> <li>Write size (m²) and score. Space requirements:</li> <li>dispensary/pharmacy ≥ 4m²,</li> </ul>	Dispensary			
<ul> <li>store (drug outlets in HC2/HC3) ≥ 6m<sup>2</sup> and</li> <li>store(pharmacies in HC4/hosp) ≥ 20m<sup>2</sup></li> </ul>	Store			
Comments				
Indicator	Location	Acceptable	Needs Improvement	Unacceptable
22. * The size of the store is adequate having enough shelves and layout so medicines can be organized	Dispensary	_		-
systematically.	Store			
Comments				
23. * The pharmacy/store is lockable and access limited	Dispensary			
to authorized personnel.	Store			
Comments				
Indicator	Location	Yes		No
24. There are procedures for access when store in-	Dispensary			
charge is not there?	Store			
Comments				

			Needs			
Indicator	Location	Acceptable	Improve	ment	Una	cceptable
25. The premises appear clean <u>and</u> tidy. Cleaning of	Dispensary					
floors is done daily and shelves are dusted weekly.						
The practices are documented.	Store					
Comments						
26. Fire safety equipment (fire extinguisher or bucket						
with sand or water, or big blanket) is available and	Health					
accessible.	facility					
Comments	-				11.	
		Accepta	Needs	Unac	сер	
Indicator	Location	ble	Improve ment	tab	-	N/A
27. ** There is a functioning system for cold storage/	Health					
refrigerator. (Check "N/A" if it is a HC2 with no need	facility					
for cold system)	raciiity					
Comments						
28. The temperature of the refrigerator is monitored	Health					
and recorded on a daily basis. (Check "N/A" if there						
is no fridge)	facility					
Comments						
Indicator	Location	Acceptable	Need		Hna	cceptable
29. **Toilet facilities for staff are acceptable (pit latrine,		Acceptable	Improve	ment	Ulla	cceptable
flush toilet);	Health					
••	facility or					
hygienic (clean),     functioning (in working condition) and	Staff					
<ul> <li>functioning (in working condition) and</li> </ul>	Quarters					
toilet paper is available to staff.						
Comments						
30. **Hand washing facilities for staff are acceptable;						
<ul> <li>hygienic,</li> </ul>	Health					
, -						
functioning, and     soon is available	facility					
soap is available						
Comments						

### **PART D: Dispensing**

Indicator	Location	Acceptable	Needs Improvement	Unacceptable
31. *Appropriate packaging material for tablets and capsules available.	Dispensary	Acceptable	Improvement	опассерсавіе
Comments				
32. *Tablet counting tray and spatula/spoon are available. Comment if creative trays are used.	Dispensary			
Comments				
Indicator		Location	Yes	No
33. Tablets are not counted with bare hands but using counting tray, spatula or gloved hands.	а	Dispensary		
Comments				
Indicator	Location	Acceptable	Needs Improvement	Unacceptable
34. Check if tablet counting tray and spatula and/or gloves are clean.	Dispensary			
Comments				
35. There is provision for cleaning utensils with clean water.	Health facility			
Comments				
36. All tins/bottles that have been opened but are not in use (no current dispensing from it) are covered with a lid.	Dispensary			
Comments				
37. There is a control of the prescription carried out before dispensing (right medicine, strength and dose appropriate for indication and patient age) (prescription control).	Dispensary			
Comments				

Indicator	Location	Acceptable	Needs Improvement	Unacceptable
38. There is a control to countercheck the medicine to be dispensed (medicine, strength and quantity correct according to prescription) (dispensing control)?	Dispensary	·	·	·
Comments				
39. Privacy is achieved during dispensing (other waiting patients should be at least 2 meters away from dispensing window).	Dispensary			
Comments				
40. Chairs/benches available for customers/patients so they can sit while waiting for their medicines?	Dispensary			
Comments				
41. Hand washing facilities and soap available to customer/patient.	Dispensary			
Comments				
42. Drinking water (to take tablets) is available to customer/patient (the water should be bottled, purified or boiled).	Dispensary			
Comments				
Indicator		Location	Yes	No
43. *A prescription recording system is available.		Health facility		
Comments				
Indicator	Location	Acceptable	Needs Improvement	Unacceptable
44. *Prescription recording system includes date, patient number or name, diagnosis, medicine name, prescriber name, amount prescribed and dispensed.	Health facility			
Comments				

Indicator				Locat	ion	Acceptab le	Imp	eeds prove ent	Unacce able	pt	N/A
(narcotics	•	for class A drug in HC IV and he d HC II.)		Heal facil	_						
Comments					·					·	
Indicator						Locatio	n	Y	es		No
	•	s/prescription a minimum of 5	•	be the		Health facility					
medicines	hat ALL patien are recorded	ts receiving dis	pensed pres	scriptic	n	Health facility					
		I correctly. Che				Accept	able		eeds	Una	cceptable
patients of with Yes of Select scored column	oming from phor No. "Acceptable" d yes. "Needs Improns 1) and 4) ar "Unacceptabl	narmacy. Fill in if all areas in coverent" if at least	the table be olumns 1)-6) east all area single "No"	elow ) are	Healt facili	th	uoic			Ona	сесрия
1) Medicine name	2) Strength	3) Quantity	4) Dosag (dose)	_	5)	Patient n	ame	2	6) Fac	ility	name
Comments											

<ul> <li>49. Customer/patien asking 3 patients from pharmacy a knows 'Yes' or do</li> <li>Select "Yes" if yes.</li> <li>Select "No" if</li> </ul>	Health facility	Ye	S	No		
1) Dose (how much to take)	2) Frequency (how often to take)	3) Duration (how long to take)	-	4) Indication (why to take)		nstructions on ow to take edicine (with food etc)
Comments						

### **PART E: Store management**

Triker Er store management						
Indicator	Location	Acceptable	Ned Improv		Unac	ceptable
50. * Medicine packs are stored only on shelves and/or in cupboards and they are not stored in	Dispensary					
disorganized stacks or boxes directly on the floor	Store					
Comments						
51. * Stock cards are available (check for 10 items).	Store					
Comments						
Indicator	Location	Acceptab le	Needs mprove ment	Unaccept able		N/A
52. * Stock cards are kept next to the medicines on shelves (or organized in a folder in the store).  Check to see.	Store					
Comments					•	

Indicator	Location	Acceptab le	Needs Improve ment	Unacce <sub>l</sub>	pt N/A
53. Stock card headers are filled correct with medicine name, strength, dosage form, special storage (check 10 items)? Score 'Acceptable' if all 10 stock cards are correct.	Store				
Comments					
54. Physical count is done monthly and clearly indicated in stock cards. Check for 5 items.	Store				
Comments					
55. Stock cards correctly updated so physical count and stock card balance is the same (check for 5 items).	Store				
Comments					
Indicator	Location	Acceptab		eds vement	Unacceptable
56. Medicine is stored in a systematic manner (alphabetic or therapeutic)?	Dispensary Store	,			
Comments			I		
Indicator	Location	Acceptab		eds vement	Unacceptable
57. Shelves are labeled with medicine name or class?	Dispensary Store	,			
Comments				<u> </u>	
58. Is pharmacy/drug outlet computerized?	Health	Ye	!S		
Comments	facility	N	0		
comments					
Indicator	Location	Acceptable	Nee Improve		Unacceptable
59. *There is a record for expired/damaged medicines and health supplies including name, strength, formulation, batch number, expiry date and quantity (check).	Store				
Comments					

Indicator	Location	Acceptable	Needs Improvement	Unacceptable
60. * There is a designated area to store expired/damaged medicines and health supplies away from useable medicine, and the area is clearly marked/ signed?	Store			
Comments				
61. * First Expiry First Out (FEFO) is adhered to				
(check 10 randomly selected medicine/health supplies)?	Store			
Comments				

### PART F: Operating requirements

Indicator	Location	Yes	No	N/A
62. Certificate for suitability in Good Pharma Practice displayed	Cy Health facility			
Comments				
63. The latest version of reference material available  • Essential Medicines and Health Supplies List for Uganda			Yes	
<ul> <li>Uganda Clinical Guidelines (current edition)         (If at least one of the materials is available, check Yes)         Comment if the materials are not available at pharmacy/dispensary     </li> </ul>		Health facility	No	
priar macy, araperisar y				
Comments				
	Location	Acceptable	Needs Improvement	Unacceptable
Comments	Location  Health facility	Acceptable	Needs Improvement	Unacceptable
Indicator  64. Does the drug outlet have written procedures for the following  • Dispensing  • Receipt of goods	Health	Acceptable	110000	Unacceptable
Indicator  64. Does the drug outlet have written procedures for the following  • Dispensing  • Receipt of goods  • Stock management	Health	Acceptable  Yes  No	110000	Unacceptable

5. Do the records inclu		Yes	No
			140
a) Date of recei	-		
b) Invoice numb			
	ucer/supplier)		
d) Quantity rece			
e) Batch numbe	<u>er</u>		
f) Expiry date			
	of "unacceptable "/"No" scores	Number	
**CRITICAL	Indicators with a score of "Unacceptal		·
	dicators with a score of "Unacceptable		$\overline{}$
	licators with a score of "Unacceptable"		
		,	
_	to the following category (check <u>one</u> ) (	(Adhere to the certifica	tion criteria)
	on without comments		
	on with minor comments		
	on with major comments		
Not certine	ied until improvements are made		
GPP certification nu	umber/license number (only if GPP cer	rtification is given):	
•	eeded for the following indicators (see	, _	
=	certification	Yes O	No O
To keep Gri	P certification	Yes 🔾	No O
<b>Indicator Number</b>	Inspector's Observation		
	4		

Inspector's Observation

Indicator Number	Inspector's Observati	on		
PART H: Signatu The inspector signing pharmacy on the day	g below <b>declares that</b> a	III the above corres	ponds with the actual findings in	າ the
Name of Insp	pector	Designation	Signature	
This is <b>confirmed</b> by	the signature of the He	ead, Drug Inspector	ate Services	
Name of Head. Drug	 Inspectorate Services	 Date	Signature	