UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH

TANZANIA FOOD AND DRUGS AUTHORITY
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ABBREVIATED PART II DRUG DISPENSING OUTLET INSPECTION FORM (DUKA LA DAWA BARIDI AND MUHIMU) (TFDAINS Form 009)

1. General

1.1	Region where the facility is situated (circle one on the list below)				
Arusha Dar es Salaam Dodoma Iringa	Kagera Kigoma Kilimanjaro Lindi	Manyara Mara Mbeya Morogoro Mtwara	Mwanza Pwani Rukwa Ruvuma Shinyanga	Singida Tabora Tanga	
1.2	Name of Outlet:				
1.3	Type: (circle) Duka la Dawa Muhimu Duka la Dawa Baridi				
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):				

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

2. Personnel

2.1 Responsible Staff

2.1.1	Name:	
2.1.2	Qualification:	
2.1.3	Position/Title:	

2.2 Sales Persons

Are all sales persons qualified to operate a Duka la Dawa Baridi/Muhimu? Y / N (circle one)			
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 #9. If no, go to #4.

4. Legality of Stocked Products

Note: In case of major nonconformity, stop inspection, confiscate the products, and fill in the confiscation forms.

	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 on stock and evaluate the labels in respect to:		
		Duka la Dawa Baridi	**Duka la Dawa Muhimu**
5.1.1	Language of labels and package inserts		
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).

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: …….....

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

1.	……	
2.	……	
3.	……	
Date:		