

ANNEX 2. PRE-INSPECTION FORM FOR DLDB

Ministry of Health and Social Welfare Tanzania Food and Drugs Authority (TFDA)

Form for Pre-Inspection of Part II Drugs Outlet/Duka La Dawa Baridi (DLDB). (Two copies should be filled; one copy should remain in the premise and the other copy should be kept by Ward Inspectors for final inspection.)

A.1. DLDB Owner Information			
Name of DLDB	Mtaa/Village	Ward	District
Name of owner	Postal address and Phone number	Level of education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Others Profession	
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Employment		
Average working hours per day	Average amount of sales per day	Average customers per day	
A.2. Dispenser(s) Information			
Number of dispensers	Name	Sex	Level of education and profession
-----	1.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Other, Specify Profession.....
	2.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Other, specify Profession.....
	3.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Other, Specify Profession.....
A.3. Registration and License of DLDB (Skip this section if the drug outlet is a new one and start at section B.1)			
Is there a TFDA permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit no. _____	Year of issue of permit _____	
If no, is there a receipt of the payment for the permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of receipt of the payment for the permit _____	Year of issue of the receipt for the permit _____	
B.1. Distance from nearest DLDB, Health Facility, and Pharmacy			
Distance from nearby DLDB Km-----	Distance from nearest health facility (hospital, health center, dispensary) Km. -----	Distance from nearest pharmacy Km. -----	
Note: for livestock ADDO, there is no criteria for the distance			
B.2. General Observations/Opinions Regarding DLDB Condition			
a. In accordance with criteria of establishment of DLDM, is the location suitable for establishing DLDM?			

b. Give your opinion on the distance that exist between this DLDB and the nearby DLDB taking into consideration the criteria of distance in establishing the DLDM			
c. Give your opinion on the condition of this DLDB premise to determine level of effort needed to rehabilitate or renovate the premise in accordance with criteria of establishing DLDM			
C.1. DLDB That Needs to be Relocated			
New location of the DLDB Hamlet/Street _____ Mtaa/Village _____ Distance to the nearby DLDB(meters) Pharmacy(meters)			
C. 2. Inspection of DLDB Which Is Being Upgraded to/Accredited as Duka La Dawa Muhimu			
	Condition of the Premises	YES	NO
a.	Is the size of the dispensing room adequate?		
b.	Is there a storeroom?		
c.	Is the size of the storeroom adequate?		
d.	Is the ventilation sufficient?		
e.	Is there a ceiling?		
f.	Is a ceiling in good condition?		
g.	Is the quality of the floor acceptable?		
h.	Is the window in the storeroom sufficiently protected and secure?		
i.	Is the window in the storeroom acceptable?		
j.	Is there a front door?		
k.	Is the front door acceptable?		
l.	Is there a glass front door?		
m.	Is the glass front door acceptable?		
n.	Is there direct access between DLDB and rooms used for sleeping, laboratory, bar, and/or any other rooms?		
o.	Is there any hand washing facility in the DLDB premise?		
	Medicines Storage	YES	NO
a.	Are there sliding glass shelves in the dispensing room?		
b.	Are there shelves in the storeroom?		
c.	Is there a glass counter in the dispensing room?		
d.	Is there a door flap at the counter?		

