



RWANDA FDA

Rwanda Food and Drugs Authority

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INSPECTION BOOK FOR PHARMACEUTICAL ESTABLISHMENTS

No	Rubric	Comments
1	Name of establishment:	
2	Location:-Province..... -District..... -sector..... -Cell:	
3	Type of activity: -Wholesale..... -Retail.....	
4	Owner..... Qualification.....	
5	Technical Manager..... Qualification..... Experience.....	
6	Technical assistant..... Qualification..... Experiences.....	
7	Auxiliaries	
	Name and Surname..... Qualification..... Experiences.....	
	Name and Surname..... Qualification..... Experiences.....	
8	Authorization number..... Authorized location.....	
9	The application submitted on	
10	Distance to the nearest pharmaceutical establishment	
11	Available Documents	

12	Premises: Sales room <ul style="list-style-type: none"> ➤ Space (To be measured and compare to the norms) m² ➤ Ceiling..... ➤ Pavement..... ➤ Floor..... ➤ Brightness..... ➤ Ventilation..... ➤ Hygiene..... ➤ Doors..... ➤ Windows..... 	
	Stock room (direct in communication with the sales room if it is a <u>Retail Pharmacy</u>) <ul style="list-style-type: none"> ➤ Space (To be measured and compare to the norms) m² ➤ Ceiling..... ➤ Pavement..... ➤ Floor..... ➤ Brightness..... ➤ Ventilation..... ➤ Hygiene..... ➤ Doors..... ➤ Windows..... 	
13	Materials end Equipment <ul style="list-style-type: none"> ➤ Offices..... ➤ Tables..... ➤ Chairs..... ➤ Solid shelves..... ➤ Strong counter..... ➤ Filing of documents..... ➤ Enough clean and sufficient Water filter and cups..... ➤ Apron..... ➤ Invoice..... ➤ Invoice book..... ➤ Prescription book..... ➤ Stock cards..... ➤ Inspection book..... ➤ Books of Narcotics..... ➤ Record of Narcotics..... ➤ Fridge..... 	
14	If Retail Pharmacy with magisterial preparations Main Technical equipment: <ul style="list-style-type: none"> ➤ Additional Space (Min 10 m²) ➤ Glassware..... ➤ Mortar..... 	

	➤ Drumstick..... ➤ Spatula..... ➤ Scales (weight)..... ➤ Hotplate.....	
15	Running water.....	
16	Toilet.....	
17	Source of Supply	
18	Decisions taken for expired pharmaceutical products.	

GENERAL RECOMMENDATIONS:

Done at.....

On

Signatures

For the Establishment	INSPECTORS: (Min 2 Inspectors)
OWNER: (Name & Signature)	1. (Name & Signature)
TECHNICAL MANAGER: (Name & Signature) Stamp (optional)	2. (Name & Signature)
	3. (Name & Signature)