**Appendix 1**

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| **PHARMACY Scat 425.  INSPECTION  CHECKLIST** |
| **Occupier**  |   |
| **Address**  |   |
| **Rental details**   |   |
| **Pharmacy Type See RM Section 6 Part 3 Section 845 and additional information required****Type 1** Pharmacy integrated within health centre no other retail present**Type 2** Pharmacy integrated within health centre containing other retail premises. Details and location of other premises including rent to be provided.**Type 3** Pharmacy located within curtilage health centre no other retail present. Details of location in relation to entrance of pharmacy to be provided including photographs showing location of pharmacy relative to health centre **Type 4** Pharmacy located outside curtilage of health centre no other retail present. Details of location in relation to entrance of pharmacy to be provided including photographs showing location of pharmacy relative to health centre**Type 5** Pharmacy located outside curtilage of health centre with only other pharmacies located nearby. Details and location of other pharmacies including description and photographs of their location in relation to subject premises and health centre **Type 6** Pharmacy located outside curtilage with other non-pharmacy surrounding retail premises. Brief details of other premises and their location – this type not to be valued as pharmacy but in accordance with local retail tone |   |
| **Location** |   |
| **Size** | TOTAL AREA | RETAIL AREA |
| **Car Parking** Allocated/ communal, open/covered, number of spaces, staff/customers, free/ charge made/ refund given |   |
| **Competition** addresses of  pharmacies in locality  |   |
| **Building External** | **Built:** |   | **No. of floors** |   |
| **Construction** |   |
| **Customer access** |   |
| **Delivery and Loading** |   |
| **Other points** |   |
| **Building Internal** | **Refurbished:** |   | **Fit out:** |   |
| **Disabilities** |    |
| **Accommodation** |   |
| **Extraordinary features** |    |
| **Natural light** |   |
| **Other occupiers in the building** |    | **Shared facilities:** |   |
| **Services.  Fire Precautions.** **Security** |   |
| **Air Conditioning (age) Cassette or ducted. Purpose.** Extent of area covered. **Heating.** Fuel. System |     |
| **Surplus Accommodation.** Notes should be made of any accommodation which is not in use |   |
| **General remarks** **Including opening hours** |    |
| **Date of survey** |   |  |  |  |  |  |  |