

Checklist for inspection of Retail and Wholesale licensed premises.

Form-35

Inspection Report for retail premises granted Licence in Forms 20, 21, 20F

1. Name and designation of the Officer inspecting the premises:
2. Date of inspection:
3. Name and address of the premises, DL No, date of issue, valid upto, file no
4. Name of the Proprietor, mobile no, email, whether present/absent
5. Name of the Registered Pharmacist, Registration number and valid upto, whether present/absent

Whether any drugs sold in absence of RP, if yes then details (including Schedule H1 drugs)

Sl. No	Name of drug & quantity	Batch No and Expiry date	Schedule G,H, H1,X	Remarks

1. Whether cash memo issued as per Rule 65(3)(1), 65(4)(3)  
Details of drugs sold without prescription/issue of cash memo (including Schedule H1, CBCS, abortion and habit forming drugs)

Sl No	Name of drug & quantity	Batch No and Expiry Dt	Schedule G, H, H1,X	Purchase Invoice No & name of wholesaler	Quantity Purchased	Quantity in stock

2. Whether Schedule H1 drugs are register maintained and updated
3. Whether purchase memos are serially numbered and chronologically arranged as per Rule 65(4)(4)(ii)

4. Whether in section book in form-35 maintained

5. Details of expired drugs stocked in the premises in violation of Rule 65(17)

Sl No	Name of drug & quantity	Batch No and Expiry Dt	Remarks

6. Details of Physicians sample stocked in the premises in violation of Rule 65(18)

Sl No	Name of drug & quantity	Batch No and Expiry Dt	Remarks

7. Whether drugs for veterinary purpose are stocked in the premises as per Rule 65(20) and labeled accordingly

8. Whether Schedule X drugs supplied as per Rule 65(21)

9. Whether Schedule H2 drugs bear QR Code. If no, details thereof

10. Whether BD syringe (1ml) purchased/sold without purchase/sale document (details there of)

11. Whether CCTV is installed in the premises and back up frequency

12. Whether vaccine stored/stocked in the premises (details there of)

- a) Purchase Document
- b) Mode of Transportation (with ice pack/gel pack)
- c) Refrigerator (with temperature display)
- d) Sales invoice

13. Any other violation of conditions of license

**Full signature of Proprietor/Attendant & Seal**

**Signature of IOD**

**Full signature of the RP**

Form-35

Inspection Report for wholesale premises granted License in Forms 20B, 21B, 20G

1. Name and designation of the Officer inspecting the premises:
2. Date of inspection:
3. Name and address of the premises, DL No, date of issue, valid upto, file no
4. Name of Proprietor, mobile no, email, whether present/absent
5. Name of CP, whether present/absent  
Whether any drugs sold in absence of CP, if yes then details (including Schedule H1 drugs)

Sl No	Name of drug & quantity	Batch No and Expiry Dt	Schedule G, H, H1, X	Remarks

6. Whether cash memo issued as per Rule 65(5)(1)  
Details of drugs sold without prescription/issue of cash memo (including Schedule H1, CBCS, abortion and habit forming drugs)

Sl No	Name of drug & quantity	Batch No and Expiry Dt	Schedule G, H, H1, X	Purchase Invoice No & name of wholeseller	Quantity Purchased	Quantity in stock

7. Whether purchase memos are serially numbered and chronologically arranged as per Rule 65(5)(3)(ii)



8. Whether inspection book in form-35 maintained

9. Details of expired drugs stocked in the premises in violation of Rule 65(17)

Sl No	Name of drug & quantity	Batch No and Expiry Dt	Remarks

10. Details of Physicians sample stocked in the premises in violation of Rule 65(18)

Sl No	Name of drug & quantity	Batch No and Expiry Dt	Remarks

11. Whether drugs for veterinary purpose are stocked in the premises as per Rule 65(20) and labeled accordingly

12. Whether Schedule X drugs supplied as per Rule 65(21). If not, details there of

13. Whether Schedule H2 drugs bear QR Code. If no, details thereof

14. Whether BD syringe (1ml) purchased/sold without purchase/sale document (details thereof)

15. Whether CCTV is installed in the premises and backup frequency

16. Whether vaccine stored/stocked in the premises (details there of)

- e) Purchase Document
- f) Mode of Transportation (with ice pack/gel pack)
- g) Refrigerator/ILR (with temperature display)
- h) Sales invoice

17. Any other violation of conditions of license

**Full signature of Proprietor/Attendant & Seal**

**Signature of IOD**

**Full signature of the CP**