Elem No.	Line No.	ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
Elem No.	Line No.	**ELEMENT 01: POLICY, LEGISLATION, ADMINISTRATION & CONTROL**				
1	1	Is a clear written Company Policy Statement on Occupational Health available?	OHSA(7)			
		TOTAL FOR ELEMENT				
2		**ELEMENT 02: HEALTH RISK ASSESSMENT**				
2	1	A Hazard Scan of all agents that could lead to impaired health or aggravate pre-existing health problems has been conducted, and been analysed in terms of the possible health effects of the hazards	OHSA Sec8(1)-(2)			
2	2	The Hazard Scan was followed by a detailed (Workplace) Health Risk Assessment, including controls, indicating Exposure scores and re-calculated risks	OHSA Sec8(1)-(2)			
2	3	A HIRA report has been compiled, identiying the main hazards (& risks), indicating potential Consequences and Probability scores.	GMP			
2	4	Where possible, hazards have been removed or are being satisfactorily controlled using a HEIRARCHY OF CONTROLS (elimination, substitution, isolation, ventilation, or work practice changes, rather than PPE, as control methods	OHSA Sec8(1)-(2)			
2	5	There is a written, prioritised action plan for control of the hazards associated with high risk (inadequate controls), with target dates and budget plans.	OHSA Sec8(1)-(2)			
2	6	Walk-through Hazard Assessments have been conducted by the OHN & OMP, to compliment the Company's overall HRA strategy.	GMP			
2	7	An inventory of Hazardous Chemical Substances (HCS's) has been prepared, including their potential toxic effects, amounts, form, where they are used, and by whom. (Toxicology Profile)	HCSR(5)			
2	8	MSDS's are available to the employees, especially the OH Team. These are used to populate the HCS Toxicology Profile.	HCSR 9A		Score should account for BOTH the QUALITY (auditors judgement) and the availability	
2	9	An inventory of Hazardous Biological Agents (HBA's) has been prepared, including their pathogenicity and by whom. (Pathogenicity Profile)	HBAR 6			
2	10	A formal assessment regarding the requirements for PPE, for all job categories, has been done.	GSR 2(1)			
2	11	Appropriate PPE is provided free of charge.	GSR 2(2)			
		TOTAL FOR ELEMENT				
3		**ELEMENT 03: OCCUPATIONAL HYGIENE PROGRAMME**				
3	1	Surveys of asbestos exposure are undertaken as required.	AbestosRegs 8			
3	2	Surveys of exposure to hazardous chemical substances are undertaken as required.	HCSR 6			

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
3	3	Surveys of exposure to hazardous biological agents are undertaken as required.	HBAR 7			
3	4	Surveys of noise exposure are undertaken as required.	NIHLR 7			
3	5	Surveys of lead exposure are undertaken as required.	LR 7			
3	6	Surveys of heat/cold exposure are undertaken as required.	ENV Regs 2			
3	7	Performed by Approved Inspection Authorities, using acceptable techniques.	AR8, HCSR6, HBAR7, NIHLR7, LR, EnvR2			
3	8	Monitoring is according to a written protocol or the report includes details of the measurement and sampling methods to facilitate repeatable follow up.	GMP			
3	9	The results are calculated to indicate the TWA to which particular occupational groups, and the applicable tasks, are exposed.	GMP		The reports MUST make clear the links between Hazards, Measurements, Occupations, Tasks & Risk Areas.	
3	10	There is a written plan for control of the identified hazards, with target dates and budget plans.	OHSA Sec8(1)-(2)			
3	11	Copies of the Occ Hygiene Survey Reports are made available to the OH staff, who comment on the findings.	GMP			
3	12	Occ Hygiene Survey Reports are used to influence Medical Surveillance Strategy	GMP		Ask for proof where this relationship is demonstrated.	
		TOTAL FOR ELEMENT				
4		**ELEMENT 04: EMPLOYEE TRAINING**				
4	1	All employees are fully informed of the occupational health risks of their job, INCLUDING new employees & CONTRACTORS	OHSA 13			
4	2	A continuing hazard education programme is in place, indicating possible work-related health problems, and prevention strategies.	AR, HCSR, HBAR, NIHLR, LR, EnvR			
4	3	Workers changing tasks get additional problem specific health education.	AR, HCSR, HBAR, NIHLR, LR, EnvR			
4	4	Safety representatives elected by workers given further training and are also allowed time off to get this training	OHSA 18(3)			
		TOTAL FOR ELEMENT				
5		**ELEMENT 05: RECRUITMENT & DEPLOYMENT PRACTICES**				
5	1	The Inherent Requirements of all Occupations have been evaluated.	EEA_Ch2_6(2)		Are there inherent job standards for all positions? Are they recorded? Are the communicated to OH & HR?	
5	2	The contents of the medical examinations conducted are carefully considered and risk related; they do not conflict with the Employment Equity Act.	EEA_Ch2_7(1)		Check that then testing strategy meets with the requirements of the EEA.	

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
5	3	There is an **induction** process that ensures all new employees are given appropriate training, and are referred for a **PRE-EMPLOYMENT** medical examination where required, INCLUDING **CONTRACTORS**	AR, HCSR, HBAR, NIHLR, LR, EnvR			
5	4	There is an **HR process** that ensures all employees that are being transferred are given appropriate training, and are referred for a **TRANSFER** medical examination where required	AR, HCSR, HBAR, NIHLR, LR, EnvR			
5	5	There is a mechanism that ensures that all exiting employees, that are on a medal surveillance programme, are obliged to have an exit medical before leaving the company	GMP (NIHLR)		Exit Audios required by law. Otherwise, exit medicals are regarded as good risk management.	
		TOTAL FOR ELEMENT				
6		**ELEMENT 06: SAFETY MANAGEMENT PROGRAMME & COMPANY'S EMERGENCY PREPAREDNESS**				
6	1	Is there a representative from the OH Centre at H&S Committee meetings?	GMP			
6	2	Are there copies of the H&S Meeting minutes in the OH Centre?	GMP			
6	3	Does active accident investigation take place?	GAR			
6	4	Is First aid provided by 1 certified first aider per 50 workers, whose certificates are valid?			Verify that all the first aiders's certificates are still valid. NB: Is the training done by an ACCREDITED TRAINER?	
6	5	Whose training included first aid specific to the hazards of the factory (e.g. for the chemicals used) and				
6	6	Who are backed up by OH staff who all have emergency medical training (or equivalent)?				
6	7	Is there a list of the First Aiders & their locations, in the Clinic?				
6	8	Is there a call-out procedure, with clearly recorded people to call, and their contact details?				
6	9	A contingency plan for medical care (i.e. first aid and evacuation to hospital) in the face of a disaster (e.g. a fire) is available in writing				
6	10	There is a system for informing the hospital of a disaster.				
6	11	Are Medical Emergency simulations held, to verify preparedness?				
6	12	There are 6 monthly instruction and evacuation drills for the entire workforce.				
6	13	The referral hospital is aware of the hazards of the factory and their treatment				
		TOTAL FOR ELEMENT				
7		**ELEMENT 07: MEDICAL SURVEILLANCE PROGRAMME**				
7	1	**A – PRE-EMPLOYMENT MEDICALS**				

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
7	2	Occupations requiring Pre-employment or Pre-placement Medicals have been identified, and are done according to a written protocol.			Check the WASPS & also the Med Surveillance database for evidence. Check that the protocol includes a history and physical examination, a past health and exposure questionnaire including industry specific questions and tests specific to the proposed occupation's risks. Ensure all Health Hazards identified in the HRA are accounted for, as well as key tasks, including drivers & mobile equipment operators).	
7	3	These pre-employment medicals are conducted by a suitably trained person.			Note that certain medicals have to be examined & certified by an Occupational Medicine Practitioner. (Lead, Noise, Driver, Cranes, Mobile Plants, etc.)	
7	4	These pre-placement / transfer medicals are conducted by a suitably trained person.			Note that certain medicals have to be examined & certified by an Occupational Medicine Practitioner. (Lead, Noise, Driver, Cranes, Mobile Plants, etc.)	
7	5	Individual worker characteristics are considered e.g. disabled, pregnant and older workers.			These should be listed as CAUTIONS or EXCLUSIONS in the WASPs.	
7	6	Provision is made for care or referral if health problems are identified.				
7	7	**B – PERIODIC MEDICALS**				
7	8	Occupations requiring Periodic medicals are conducted on all employees in accordance with their risks (HAZARDS & TASKS), and the outcomes of previous medicals, according to a written strategy.			Check the WASPS & also the Med Surveillance database for evidence. Ensure all Health Hazards identified in the HRA are accounted for, as well as key tasks, including drivers & mobile equipment operators).	
7	9	The periodic medicals are sensitive enough to detect early harm from exposure to hazardous agents.			The tests used for identifying adverse effects to be scrutinised.	
7	10	These periodic medicals are conducted by a suitably trained person.			Note that certain medicals have to be examined & certified by an Occupational Medicine Practitioner. (Lead, Noise, Driver, Cranes, Mobile Plants, etc.)	
7	11	Medicals are done according to a structured Year Plan.				
7	12	How effectively is the scheduling managed? What percentage of targets are being met?			Is the program plan being followed? Are the medicals up to date?	
7	13	**Audiometry**				
7	14	Baselines done				
7	15	Pre-Employment/Placement within 14 days.				
7	16	Quality of audiograms satisfactory				
7	17	Exits done & appropriate records handed to exiting employee				
7	18	**Spirometry**				
7	19	Mouthpieces used with bacterial filters				
7	20	Respiratory Questionnaire				
7	21	Quality of spiros as per ATS stds				

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
7	22	**Chemicals**				
7	23	Appropriate tests selected for the chemicals requiring monitoring (Biol Mon & Biol Effect Mon).				
7	24	Sampling Procedure correct				
7	25	Laboratory is accredited to perform these tests				
7	26	**Other Tests**				
7	27	Vision screening			Snellin: check distance from chart, lighting & quality of chart.	
7	28	Chest Radiographs			Quality of plates; are they read by a specialist radiologist?	
7	29	**Certification Procedures**				
7	30	Certificates of Fitness are issued in accordance with legal requirements.			See the outcomes of the HRA's to determine which certificates apply. In particular, be aware of task-based fitness certificates, such as DMR (COP), Construction Regs & Drivers.	
7	31	**Optometrist** Certificates of Fitness are issued in accordance with DMR Code of Practice for Lifting Equipment	DMR COP		Check that the appropriate occupations are covered.	
7	32	**D – OUTCOMES MANAGEMENT**				
7	33	Employees are informed of the findings of their tests.			Look at feedback letters; could be the single, generic letter, or individual program outcomes (audio, PFT, CXR, etc).	
7	34	The Employer is formally informed of any RESTRICTIONS associated with the Certificates of Fitness. without breach of confidentiality.				
7	35	Provision is made for care or referral if non work-related health problems are identified.			Look up "C" (esp C3&C4) cases in the MS Spreadsheet, and trace their progress; evidence of referral for treatment & follow-up.	
7	36	There is a written policy for placement of workers based on periodic medical findings.			The Synergee Guidelines & SOP provide steps. Ensure the nurse & doctor are familiar with the Guidelines.	
7	37	Appropriate further investigation, treatment and placement is ensured if work-related problems (fitness to work or occupational illness) are found.			Look up "B" cases in the MS Spreadsheet, and trace their progress; evidence of investigation, treatment & placement.	
7	38	Rehabilitation is provided or ensured by the employer following work related injury or illness.				
7	39	Cases with compensatable occupational diseases are identified and "case-managed" and REPORTED to the relevant statutory body (specialist referrals, compilation of appropriate documents, etc.)			Look up "B" cases in the MS Spreadsheet, and trace their progress; were they reported to the Dept of Labour? Are they submitted for compensation?	
7	40	There are written reports on the Progress & Outcomes of the periodic medicals.			There should be reports for EVERY medical surveillance program, whether as individual reports (audio, driver, chemicals, etc.), or as a composite report. Match up the hazards identified in HRA. And ensure there is a appropriate medical surveilance report for these.	
7	41	**F – EXIT MEDICALS**				

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
7	42	Every worker who is leaving the employ of the company reports to the OHN PRIOR to the exit, where possible.			Look for "Exit Medicals" under Types of Medicals.	
7	43	Matters relating to occupational injuries or diseases (past & present) are considered, and dealth with.			Look at the Exit Medical forms for a sample selection of exiting employees. This is an important risk management intervention, reducing the future liability of possible occupational disease.	
7	44	Any statutory documents are handed over to the exiting employee. (ie. Exit Audio)			The Exit Medical may require a statutory exit report (Mining Law). All employees exposed to NOISE must be given their Baseline, Company Initial and Company Exit audios	
7	45	**H – COMPENSATION AND REHABILITATION**				
7	46	Workmen's Compensation processing is undertaken.				
7	47	Company's COID Registration Number:				
7	48	Are the COID Registration numbers of **Contractors** available to the OH Centre staff?				
7	49	A responsible person monitors progress made towards a worker actually receiving their compensation				
7	50	The person responsible for Compensation has a copy of the COID Act plus the Internal Instructions.				
7	51	Forwarding addresses are recorded for exiting employees, for further contact.				
7	52	Workers are paid during sick leave for work related illness or injury.				
7	53	Is the employer, or its designated personnel, appropriately informed regarding the contents of the Internal Instructions?	COIDA			
		TOTAL FOR ELEMENT				
8		**ELEMENT 08: RECORD KEEPING AND REPORTING**				
8	1	Is there a Year Planner for Organising & Scheduling the work for the year?				
8	2	Is there a Daily Encounter sheet for recording day-to-day clinic visits?				
8	3	There is a system for monitoring progress on incomplete tasks e.g. a diary or checklist of referral and return dates and				
8	4	There are up to date, accurate, speedily retrievable Personal Occupational Health records				
8	5	The hard copy medical records are neatly kept, and all relevant information is stored within, in an orderly fashion.				

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
8	6	Confidentiality is assured.			Professional judgement. Locks & keys.	
8	7	Records are kept for **Casual** & **Temp** employees.				
8	8	Medical records for exiting employees are archived separately for at least 40 years, but are retrievable if required.				
8	9	The outcomes data is put to statistical and epidemiological use, (e.g. by graphs of trends or by before-after studies of the effect of improvements).				
8	10	Are potential links between absenteeism data, medical surveillance data, PHC data and potential work-related contributions?				
8	11	Monthly, Quarterly and Annual reports are submitted to Management, covering all service areas (PHC, IOD, OH, EAP, Wellness).			Ask for copies of reports: (Monthly, Quarterly, Annual), covering HRA's, OccHygiene, Med Surveillance, PHC, EAP, Wellness, Law.	
8	12	Are daily backups being made of all computersied OH data?			Look for reports on: HRA's, OccHygiene, Med surveillance, PHC.	
8	13	Are hard copy patient records kept in a fire-proof facility?			Look for reports on: HRA's, OccHygiene, Med surveillance, PHC.	
		TOTAL FOR ELEMENT				
9		**ELEMENT 09: CORRECTIVE MEASURES**				
9	1	When recommendations are made in the various Reports, there is evidence of reactive, prioritised Action plans, with direct accountability to personnel with the means to act upon the recommendations				
9	2	And evidence of new control measures that address the health and safety risks				
9	3	Corrective measures are primarily engineering controls, followed by administrative controls and finally personal protective equipment				
		TOTAL FOR ELEMENT				
10		**ELEMENT 10: FACILITIES, ADMINISTRATION & QUALITY SYSTEMS**				
10	1	**RESOURCES: STAFFING**				
10	2	The OH Nurse holds a valid registration certificate with SA Nursing Council, and has the appropriate qualifications for OH.				
10	3	The OH Nurse is a member of Denosa / SASOHN, and is provided with sufficient professional indemnity cover.				
10	4	The OH Nurse has the Audiometrist Certificate				
10	5	The OH Nurse has the Spirometry Certificate				
10	6	The OH Nurse has the Dispensing Certificate				

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
10	7	The OH Doctor has the Dispensing Licence				
10	8	The OH Nurse has updated training in Emergency Medicine			The more remote the clinic & the more hazardous the industry, the more qualified the sister should be. Should cover both medical and trauma emergencies. Could be Advanced First Aid, ATLS (Advanced Trauma Life support) & BLS (Basic Life Support), or equivalent	
10	9	The OH support staff (Nursing auxillary, Staff Nurse, etc.) hold valid registration certificates with SA Nursing Council, and have the appropriate qualifications for the tasks they are given				
10	10	The OH support staff (Nursing auxillary, Staff Nurse, etc.) is provided with sufficient professional indemnity cover.				
10	11	The OH Doctor holds a valid registration certificates with the HPCSA, and has the appropriate qualifications for OH.				
10	12	The OH Doctor is covered by sufficient professional indemnity cover (MPS or equiv).				
10	13	1 Hour of doctors time/week as a minimum to support the Section 56(6) authorisation.				
10	14	The doctor and			Look up the findings of the HRA's and ensure doctor has the skills required (ie. occupational medicine, radiation medicine, diving medicine, aviation medicine, travel medicine, etc.)	
10	15	The nurse have acquired expertise in the problems particular to the industry.			Look up the findings of the HRA's 7 previous accidents, and ensure that the sister is adequately qualified to deal with these (ATLS, Basic Life Support, Burns, chemicals.)	
10	16	All are practising within the limits of their skill.			Look out for a sister doing the medicals that the doctor should be doing; dispensing without a license, OHN diagnosing & treating deyond her scope (chronic disorders)	
10	17	Have all OH Staff members that are involved with clinical patient care been offered Hepatis B vaccination?			This is a biological hazard for which the best strategy includes both universal precautions and hepatits B vaccination.	
10	18	**FACILITIES: OCCUPATIONAL HEALTH CENTRE**				
10	19	Is the OH Centre clean, adequately sized, with a waiting and consultation room are available at or near the working area?			Professional judgement - neatness, cleanliness & size.	
10	20	Are the patients afforded adequate privacy?			Are other people able to hear the confidential discussions that take place inside the OH Centre? The waiting room affords privacy to those waiting to be seen	
10	21	Is the lighting adequate to examine patients properly?			Skin examinations, clinical procedures and eye testing all require good lighting (>150lux).	
10	22	Is there a fire extinguisher? Is it unobstructed, visible and does everyone know how to use it?				
10	23	Is there an oxygen cylinder available? Is it unobstructed and visible? Regularly checked?				

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
10	24	Is there a panic button in the clinic or any other means of summoning assistance (excluding a telephone) in the event of an emergency?			Check the system by testing the response time.	
10	25	Do all staff members in the OH Centre know where the main electrical switch is?			Ask any clinic staff member to identify the location of the switch	
10	26	Are there supplementary emergency facilities near the workplace e.g. eye bath(s), deluge shower(s)?			Relevance depends on potential risks (chemicals).	
10	27	Are the appropriate basic testing and			Height, weight, BP, urine, eye (Snellin) tests, & ear & chest exam	
10	28	More specialised testing equipment needed to run a high standard of medical screening present or readily available?			PFT, ECG, special vision tests (colour, night, orthorator), audiometry.	
10	29	Including equipment and supplies for a basic primary health service.			Thermometer, BP, urine, diagnostic set, stethoscope.	
10	30	Is there an up to date equipment inventory kept?			This is an important part of the company's overall asset management program	
10	31	Is there a planned maintenance program for all equipment in the clinic?			Ask for proof to support this.	
10	32	Documented system of calibration of equipment. (Audiometer, PFT, BP, Glucometer, etc.)			Equipment that can be calibrated should be identified, and calibration done as per SOP (audio on installation, PFT daily when used, BP annually, Glucometer when new strips are bought)	
10	33	A sharps disposal container is present and records of regular servicing available. (Certificate of Disposal)			Is there any evidence of incorrect waste disposal?	
10	34	A contaminated waste disposal container is present and records of regular servicing available. (Certificate of Disposal)			Is there any evidence of incorrect waste disposal?	
10	35	Are the clinic hours of attendance at the entrance?				
10	36	Library (OH & PHC reference materials)			Hard copy books: NIOSH Pocket Book on Chemicals, MIMS, Green EDL Book, SA Meds Formulary, Daily Drug Use, Formulary for PHC (Medunsa).	
10	37	**FACILITIES: OCCUPATIONAL HYGIENE**				
10	38	Is there a person, with the appropriate expertise, to deal with the occupational hygiene program in the company?				
10	39	If the company has its own Occupational Hygiene technologist, his/her work is routinely assessed by an occupational hygienist or similarly skilled professional.				
10	40	Occupational Hygiene is outsourced to a registered AIA.				
10	41	The AIA supports his/her reports with proof of registration and calibration of the equipment used				
		TOTAL FOR ELEMENT				
11		**ELEMENT 11: PRIMARY HEALTH CARE SERVICES**				
11	1	**GENERAL PRIMARY HEALTHCARE**				

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
11	2	Is there a clear understanding of the kinds of emergencies for which the OH Centre should be prepared?			Ask "What kinds of accidents can happen at this Company?" Where these identified in the HRA?	
11	3	Is all essential emergency equipment is available, to address these emergencies?			This should be considered in the light of the kinds of emergencies that could be expected at this facility. As a minimum, airway management, oxygen & tubes, fluids & lines. Also, consider: Burns, Nebuliser, Defibrillator, etc.	
11	4	Emergency medications (including oxygen!) are readily available (ie. emergency tray) and regularly checked (Weekly).			There should be a checklist of emergency medicines, with monthly columns to be signed by othe OHN (stock present & not expired)	
11	5	Emergency Medical Protocols are written and readily available in the Clinic.	Sect38(A) certificate issued by DOH		These could be as wall-mounted flow charts, or pages in a file. All common emergencies to be covered.	
11	6	Is health education provided to employees?			Ask for samples of this health education. Wall posters, take-away materials, etc. Are all languages catered for?	
11	7	Is there medical monitoring of employees with chronic disorders?				
11	8	**MEDICINES CONTROL & GOOD PHARMACY PRACTICE**				
11	9	**Meds & Rel Substances Act 101 of 1965**	MRSA			
11	10	Does medicine labelling meet with the legal requirements?	Sect 18(1)			
11	11	Are Schedule 1 substances issued by an authorised person?	Sect 22A(4)(a)(iii)&(v)			
11	12	Are Schedule 2,3 & 4 substances issued by an authorised person?	Sect 22A(5)(d)&(f)			
11	13	Are medicines of Schedule 2 and higher recorded in a Prescription Book, in accordance with legal requirements?	Sect 22A(6)(a)			
11	14	Licence / Permit Number:	x			
11	15	Are all those authorised to dispense in possession of a Dispensing Licence?	Sect 22C(1)(a)			
11	16	Are all those authorised to dispense in possession of the required Quailification?	Sect 22C(2)			
11	17	Has the Dispensing License been renewed & kept valid?	Sect 22D(1)			
11	18					
11	19	**General Regulations (2003): Dispensing and Compounding of Meds**	MRS-GenReg			
11	20	Does medicine labelling meet with the legal requirements?	GR8(4)('c)i-vi			
11	21	Does the authorised person supply patient Information Leaflets with dispensed medicines?	GR10(1)-(3)			
11	22	Are patients counselled on the correct use of dispensed medicine?	GR10(1)-(3)			
11	23	Does the authorised person record the medicines in a Prescription Book, as per the legal requirements?	GR11(1)-(2)			
11	24	Are old Prescription Books kept for at least five years after the date of the last entry made therein?	GR11(3)			

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
11	25	Does the holder of the Dispensing License:	GR18(7)&(8)			
11	26	Keep sales (dispensing) records either in hard copy or electronically relating to medicines compounded and dispensed for a period of 5 years from the date of sale (issue)?	GR18(7)(a)			
11	27	Not pre-pack medicines at the premises unless authorised to do so by the Director-General and in terms of regulation 33(a)(ii);	GR18(7)(d)			
11	28	Not compound and dispense medicines to patients unless this is preceded by a proper diagnosis and a prescription for a particular patient;	GR18(7)(f)		Trace random employees back from the Prescription Book, to their notes, to ensure integrity of the medicines managemnt.	
11	29	Not keep expired medicines on the premises other than in a demarcated area in a sealed container clearly marked: EXPIRED MEDICINES and such expired medicines shall be destroyed in terms of regulation 27;	GR18(7)(g)			
11	30	Secure the premises where the compounding and dispensing is carried out whenever he or she is not physically present at those premises;	GR18(7)(h)			
11	31	Conspicuously display the licence in the premises referred to in paragraph(b) of this regulation;	GR18(7)(j)			
11	32	Medical Protocols for Medicines Control? (Purchasing, Receiving, Storage, Issuing, Managing expired stocks).	GR18(7)&(8) & Good Pharmacy Practice			
11	33	Is there a certificate of destruction of unused medicines, issued by an authorised person?	GR27(1)('c)			
11	34	Are unused medicines destroyed and disposed of in a manner acceptable to the Pharmacy Council?	GR27(2)&(3)			
11	35	Is there a register of all medicines of schedule 5 and over?	GR30(1)-(5)			
11	36	**Good Pharmacy Practice (if time available)**	GPhPractice			
11	37	Is the size of the Clinic Pharmacy adequate?	GPhP3.11			
11	38	The consultation area should have sufficient space (at least 15 square meters) to enable appropriate consultation on the correct and safe use of specific medicines/appliances and the performance of screening/monitoring tests.	GPhP4.3.1(b)			
11	39	Is shelving adequate?	GPhP3.12(a)			
11	40	Is the dispensing bench of adequate size?	GPhP3.12(a)			
11	41	The working surface in the area must be of impermeable washable material.	GPhP4.3.1('c)			
11	42	The area must at least have the following:				
11	43	An examination couch with spare clean sheets;	GPhP4.3.1(d)			
11	44	A suitable trolley and/or cabinet for the necessary equipment;	GPhP4.3.1(d)			
11	45	An emergency tray;	GPhP4.3.1(d)			
11	46	Applicable facilities for the taking and analysis of urine and/or blood samples where necessary;	GPhP4.3.1(d)			

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
11	47	A wash basin with hot and cold running water;	GPhP4.3.1(d)			
11	48	A closable rubbish bin with a lid and disposable plastic liners;	GPhP4.3.1(d)			
11	49	Effective equipment for record keeping; and	GPhP4.3.1(d)			
11	50	A biohazardous materials bin and sharps container.	GPhP4.3.1(d)			
11	51	It is advisable to have a refrigerator with a freezing compartment in the consulting area, especially when immunisation services are provided.	GPhP4.3.1(e)			
11	52	A toilet in the vicinity of the consultation area is strongly recommended.	GPhP4.3.1(f)			
11	53	A comfortable waiting area for patients situated, if possible, near the consultation area is a necessity.	GPhP4.3.1(g)			
11	54	Are dispensary stocks arranged in an orderly and systematic fashion?	GPhP3.12(a)			
11	55	The processing of substances for non-medical use is effectively separated from the dispensing of medicinal products				
11	56	Is first aid stock stored separately from clinic stock?				
11	57	Items of expired stock are physically separated from dispensary stock.				
11	58	Is there a flagging system for tracking expiry dates?				
11	59	Does the dispensary have a suitable and effective means of lighting?	GPhP3.12(a)			
11	60	Is smoking prohibited in all areas where medicines are dispensed?	GPhP3.12(a)			
11	61	Is the temperature of the dispensing area below 25^0C?	GPhP3.13('c)			
11	62	Is the water supply satisfactory?	GPhP3.13			
11	63	Is there a satisfactory procedure for waste management?	GPhP3.14			
11	64	Is there a suitable means of counting tablets and capsules? This equipment must be cleaned regularly so that cross contamination between products is avoided	GPhP3.15(a)			
11	65	Is there a refrigerator equipped with a maximum/minimum thermometer and capable of storing products at temperatures between 2°C and 8°C?	GPhP3.15(d)		Refridgerator has a thermometer installed.	
11	66	Is there a suitable range of dispensing containers for medicinal products? The use of child resistant closures is to be encouraged.	GPhP3.15(e)		Is a suitable range of both clear and amber liquid, tablet and capsule containers available?	
11	67	Is temperature maintenance of the inside of the fridge adequate?	GPhP5.2.1(a)-('c)			
11	68	Is the cleanliness of the refrigerator adequate?	GPhP5.2.1(d)-(f)			
11	69	Thermolabile medicines (eg. vaccines) are stored correctly.	GPhP5.2.2(a)-(j)			
11	70	Is there a suitable range of reference materials available?	GPhP3.16		Is the clinic in possession of recent editions of prescribing guides?	
11	71	Procedures must be in place to ensure that medicines and working areas are not contaminated by infected materials and/or instruments.	GPhP4.3.1(h)			
11	72	Is record keeping adequate? Schedule 1 medicines.	GPhP10.3			
11	73	Is record keeping adequate? Schedule 2-4 medicines.	GPhP10.4			
11	74	Is record keeping adequate? Schedule 5-6 medicines.	GR30(1)-(5)			

		ITEM	REFERENCE	COMPLIANC Y/N	SUPPORT INFORMATION FOR AUDITORS	REMARKS
11	75	Is there a Medicines Order Book?				
11	76	Is the order book signed by a Medical Practitioner?				
11	77	Is a **regular (ie monthly)** stock check done reconciling stock on hand to stock dispensed and accounting for all medications dispensed in register, as well as other stock?				
11	78	**Nursing Act 33 of 2005**	NAct(50)			
11	79	Has the nurse been authorised to diagnose, prescribe and treat patients on behalf of the doctor?	Sect56(6) (was38(A))			
11	80	Are there written standing orders for the Nurse Practitioner, signed by the responsible doctor, in terms of the Section 56(6) authorisation?	Sect38(A) certificate issued by DOH		These could be as wall-mounted flow charts, or pages in a file. All common medical conditions to be covered. REQUIRED TO VALIDATE THE SECTION 56(6) AUTHORISATION.	
11	81	A satisfactory number of hours are allocated to the doctor's visits to the clinic to support the Sect56(6) authorisation	GMP			
		TOTAL FOR ELEMENT				