

NO.B.17011/24(B)/17/DHS/DRUGS/ 9/  
GOVERNMENT OF MIZORAM  
DIRECTORATE OF HEALTH SERVICES  
(FDA WING)  
MIZORAM : AIZAWL

Dated Aizawl, 22<sup>nd</sup> February, 2023

**CIRCULAR**  
**(Self auditing of pharmacy)**

Mizorama damdawi dawr (pharmacy/drug store)-te an lo felfai theih zawk nan **mahnia damdawi dawr endik dan tur** (*Self auditing of pharmacy*) ruahmanna siam a ni a, hei hian dan bawhchhiat theihna lakah damdawi dawr thui takin a veng thei dawn a ni. A tlem berah kum khatah vawi 3 tal mahni dawr endik theih a nih chuan damdawi dawrin hma a sawn ngei dawn a ni.

Chuvangin, damdawi dawr zawng zawngte chu hemi hmanga an dawr endik theuh thin tura ngen leh beisei an ni a, bialtu FDA Officer-te pawhin damdawi dawr an endik hunah hei hi an entel ngei thin tur a ni ang.


Sd/- LALSAWMA  
Jt. Director (F&D),  
Controlling & Licensing Authority,  
Directorate of Health Services,  
Mizoram: Aizawl.

Memo No.B.17011/24(B)/17/DHS/DRUGS/ 9/

Dated Aizawl, the 22<sup>nd</sup> February, 2023

Copy to :-

1. PPS to Principal Secretary, Health & Family Welfare
2. Principal Director, Health & Family Welfare
3. All ADs (F&D)/DIs/ADIs \_\_\_\_\_ Mizoram for info & necessary action
4. **Mizorama damdawi zuar zawng zawngte, an lo hman tangkai turin.**
5. The Secretary, MCDA, Aizawl Headquarters
6. Guard file.

  
Jt. Director (F&D),  
Controlling & Licensing Authority,  
Directorate of Health Services,  
Mizoram: Aizawl.

**GOVERNMENT OF MIZORAM**  
**HEALTH & FAMILY WELFARE DEPARTMENT**  
*(FOOD & DRUG ADMINISTRATION WING)*

**SELF INSPECTION (AUDITING) OF A PHARMACY**

*Self Inspection date* : \_\_\_\_\_

*Conducted by* : \_\_\_\_\_

1. Name of the Drug Store/Pharmacy : \_\_\_\_\_

2. Address of Drug Store/Pharmacy : \_\_\_\_\_

3. Licence Number : \_\_\_\_\_

4. Date of Issue of licence : \_\_\_\_\_

5. Validity of the licence : \_\_\_\_\_

6. Licence retention fee submitted (*if due*) : Yes / No  
(Submit licence retention fee within time)

7. Proof of licence retention fee submission (*Retention Letter*) kept : Yes / No  
(Retention Letter and copy of Challan must be kept in record)

8. Constitution of the firm : Proprietorship / Partnership / Pvt.Ltd.

9. Is there any change in the constitution ? : Yes / No  
(If yes, apply for new licence )

10. Name(s) of Prop. / Partners / Directors of the firm : \_\_\_\_\_

11. Name of the responsible person of the firm : \_\_\_\_\_

12. Whether licences of the firm ever suspended or partially cancelled ? : Yes / No  
(Obey the provisions of Drugs and Cosmetics Act/Rules)

13. Whether sign board of firm displayed ? : Yes / No  
(Display sign board with name of the firm and such other particulars)

14. Whether "Drugs Store / Pharmacy" written on the sign board ? : Yes / No  
(“Drugs Store/Pharmacy” must be written on the sign board)

15. Whether Drug Licence displayed at a prominent place ? : Yes / No  
(Display drug licence at the prominent place)

16. Name of Regd. Pharmacist (RP) of the firm : \_\_\_\_\_
17. Registration Number of Regd. Pharmacist : \_\_\_\_\_
18. Validity of Regn.of Regd.Pharmacist : \_\_\_\_\_  
**(Validity of Regn. Certificate of RP must be up to date)**
19. Whether Regn. Certificate of RP/Supervision Agreement displayed. : Yes / No  
**(You should display Regn. Certificate of RP/Supervision Agreement)**
20. Joining date of Regd.Pharmacist : \_\_\_\_\_
21. Whether any change in Regd. Pharmacist : Yes / No
22. Resignation date of Regd.Pharmacist *(If resigned)* : \_\_\_\_\_
23. Whether new Regd.Pharmacist appointed *(If resigned)* : Yes / No
24. If yes, date of appointment of new Regd.Pharmacist : \_\_\_\_\_
25. Name of new Regd.Pharmacist : \_\_\_\_\_
26. Regn. Number of Regd.Pharmacist : \_\_\_\_\_
27. Validity of Regn. of Regd.Pharmacist : \_\_\_\_\_
28. Whether dust free environment is maintained ? : Yes / No  
**(Keep your premises neat and clean)**
29. Whether purchase record of drugs is maintained properly ? : Yes / No  
**(Maintain purchase record of every drug properly)**
30. Whether purchase record is maintained in chronological order ? : Yes / No  
**(Maintain purchase record in chronological order)**
31. Whether drugs are purchased from licenced dealers ? : Yes / No  
**(Purchase drugs from licenced dealers only)**
32. Whether purchase invoices bear all the mandatory details ? : Yes / No  
**(Purchase invoice should have all mandatory details of drug)**
33. Whether drugs are being sold under the personal supervision of RP ? : Yes / No  
**(Sale of drugs must be done under the personal supervision of RP)**
34. Whether drugs are being sold on the prescription of RMP ? : Yes / No  
**(Sell the drugs on the prescription of a RMP)**



35. Whether substituting the prescription of RMP ? : Yes / No  
(Do not substitute the prescription of RMP)
36. Selling of drugs on price more than MRP. : Yes / No  
(Do not sell the drugs on the price more than MRP)
37. Sale records of drugs maintained. : Yes / No  
(Maintain sale record of the drugs)
38. Sale records maintained in legible manner. : Yes / No  
(Maintain sale record of the drugs in legible manner)
39. Name and address of prescriber mentioned. : Yes / No  
(Mention name and address of the prescriber)
40. Name and address of patients mentioned. : Yes / No  
(Mention name and address of the patient)
41. Sale record is having all other mandatory details. : Yes / No  
(Sale record of drugs should have all mandatory details)
42. Sale invoice signed by Regd. Pharmacist. : Yes / No  
(Sale invoices must be signed by RP)
43. Sale of Schedule H-1 drugs (Antibiotics etc) without prescription : Yes / No  
(Never sell antibiotics without prescription)
44. Sale of habit forming drugs. : Yes / No  
(Never sell habit forming drugs without prescription of a RMP)
45. Schedule-H1 register maintained. : Yes / No  
(Maintain Schedule-H1 register)
46. Full time electricity supply. : Yes / No  
(Full time electricity supply must be ensured to maintain desired temperature of the drugs)
47. If not, generator maintained. : Yes / No  
(Full time electricity supply must be ensured to maintain desired temperature of the drugs)
48. Whether drugs are exposed to direct sun light ? : Yes / No  
(Drugs should not be exposed to direct sunlight)
49. Refrigerator is in working condition. : Yes / No  
(Refrigerator must be in working condition)
50. Whether temperature of refrigerator is maintained ? : Yes / No  
(Temperature of refrigerator must be maintained)

51. Stocking the drugs in refrigerator which do not require storage of refrigerator :Yes / No  
**(Do not stock drugs in refrigerator which do not require storage of refrigerator)**
52. Stocking the drugs requiring cold storage in refrigerator. : Yes / No  
**(Only drugs requiring cold storage should be kept in refrigerator)**
53. Whether food items are stored in refrigerator ? : Yes / No  
**(Do not stock food items in refrigerator)**
54. Whether oily injections are stored in refrigerator ? : Yes / No  
**(Do not stock oily injections in refrigerator)**
55. Switching off the refrigerator in the night. : Yes / No  
**(Do not switch off the refrigerator in the night and maintain desired temperature)**
56. Air conditioner installed. : Yes / No  
**(Installation of air conditioner is advisable to maintain the room temperature)**
57. Stocking the drugs in its original containers. : Yes / No  
**(Always stock the drug in the original container of that drug)**
58. Stocking the drugs on floor. : Yes / No  
**(Do not stock the drugs directly on the floor)**
59. Homeopathic medicines stocked separately. : Yes / No  
**(Stock the homoeopathic medicines separately)**
60. "Homeopathic medicines" written on the rack. : Yes / No  
**(Write "Homeopathic medicines" on the rack)**
61. Ayurvedic medicines stocked separately. : Yes / No  
**(Stock the Ayurvedic medicines separately)**
62. "Ayurvedic medicines" written on the rack. : Yes / No  
**(Write "Ayurvedic medicines" on the rack)**
63. Veterinary drugs stocked separately. : Yes / No  
**(Stock the Veterinary drugs separately)**
64. "Veterinary drugs Not for human use" written on the rack. : Yes / No  
**(write "Veterinary drugs Not for human use" on the rack)**
65. Expiry drugs found stocked. : Yes / No  
**(Stock Expired drugs separately away from the trade stock)**
66. "Expired dated drugs Not for Sale" written on the rack. : Yes / No  
**(Write "Expired dated drugs Not for Sale" on the rack)**

67. Schedule -X drugs found stocked. : Yes / No  
**(Separate licence must be obtained for Schedule-X drugs)**
68. "Physician samples Not for Sale" found stocked. : Yes / No  
**(Do not stock and sell "Physician samples not for sale")**
69. "Hospital supply drugs not for sale" found stocked. : Yes / No  
**(Do not stock and sell "Hospital supply drugs not for sale")**
70. Drugs without invoice found stocked. : Yes / No  
**(Invoice has to be properly kept)**
71. Oxytocin Injection found stocked. : Yes / No  
**(Sale of Oxytocin Injection through retail chemist is not allowed)**
72. "Banned drugs" found stocked. : Yes / No  
**(Never stock and sell banned drugs)**
73. Date of last inspection done by FDA Officer : \_\_\_\_\_
74. Whether samples have been drawn by FDA Officer ? : Yes / No
75. What was the result of sampled drug ? : Standard / NSQ
76. Copy of last self inspection kept. : Yes / No  
**(Copy of all self inspection reports must be kept)**
77. Whether CC Camera installed at the sale counter ? : Yes / No  
**(CC Camera to be installed to cover the sale counter area)**

Date : \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_