



Mootummaa Naannoo Oromiyaatti Biiroo Fayyaa
በኦሮሚያ ክልላዊ መንግስት ጤና ቢሮ

Hayyama gahumsaa
የብቃት ማረጋገጫ ምስክር ወረቀት

ቁጥር/Lakkoofsa

23525

ቀን/Guyyaa

27-2-17

Odeeffannoo Dhaabbatichaa

የተቋም መረጃ

Maqaa Dhaabbatichaa/ ስም	Soreti Pharmacy	Gosa Dhaabbatichaa የተቋም ዓይነት	pharmacy
Naannoo/ክልል	Oromia Region	Godina /ክፍለ አካል / ዞን	Adama Town
Magaalaa / ከተማ	Adama	Aanaa/ወረዳ	Lugo Sub City
Ganda/ቀበሌ	Barecha	Lakkoofsa Manaa/የቤት ቁጥር	New
Lakkoofsa ilbilaa/የስልክ ቁጥር	+251-900548744		

Oddeeffannoo abbaa Qabeenyummaa/የባለቤትነት መረጃ

Abbaa Qabeenyummaa/ ባለቤትነት	Private	Maqaa abba Qabeenyummaa /የባለቤት ሙሉ ስም	Fetiya Abduro Haji
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Odeeffannoo Ogeessa Teeknikaa/የቴክኒካዊ መሪ መረጃ

Lakkoofsa Galmee Ogummaa/ የምዝገባ ቁጥር	EP=1407272/2016, RPL=27	Maqaa / የቴክኒክ መሪ ስም	Seyfedin H/Seid Gelete
Gosa Ogummaa	Expert Pharmacist		



...taa iddoo fi kan biraas raawwachiisuuf kan hojjetu Labsii 661/2002 hundeeffama Abbaa Taayitaa Bulchiinsaa Nyaataa, Qorichaa fi Kunuunsa Fayyaa bu'urreeffachuun Dhaabbata kanaaf kennamee
...ውሰቱና ቦታ እና ሌላም በመፈጸም በሚሰራው የምግብ መድኃኒት እና የጤና ክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን ማቋቋሚያ አዋጅ 661/2002 መሠረት ለጤና ተቋማት ይሰጣል፡፡

Mallattoo Abba taayitaa/የኃላፊ ፊርማ

haarayomera/ታዲሷል Lakk Kaarniitii/የደረሰኝ ቁጥር Mallattoo/ፊርማ	Tikemet-22-2017 E.C. 11/01/2024 G.C. 0379635	haarayomera/ታዲሷል Lakk Kaarniitii/የደረሰኝ ቁጥር Mallattoo/ፊርማ	E.C. G.C. _____
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Hubachilisa

ማስጠንቀቂያ

1. Hayyamichi barri bajataa galee hanga dhuma Qaammeetti yoo haaromfamu baate akka haqametti lakkaa'ama.
2. Hayyamichi dhaabbaticha keessa fuuldura bakka mul'atu taa'uu qaba.
3. qaama too'atu osoo hin beeksisin dhaabbaticha iddoo tokkoo iddoo biraatti jijjiiruun dhorkaadha

1. ፍቀዱ የበጀት ዓመቱ ከገባ በኋላ እስከ ጳጉሜ መጨረሻ ክልታደስ እንደተሰረዘ ይቆጠራል፡፡
2. ፍቀዱ በድርጅቱ ውስጥ ፊትለፊት በሚታይ ቦታ መቀመጥ አለበት፡፡
3. ለተቆጣጣሪ አካሉ ሳያሳውቁ ድርጅቱን ወደ ሌላ ቦታ ማዘዋወር አይቻልም፡፡

Handwritten signature in blue ink.



Waajjira Fayyaa Bulchiinsa Magaalaa Adaamaatiif

Adaamaa

Dhimmi:- **Haayyama Mana Qorichaa Soorettii jedhamu haaraa kenname ilaala**

Akkuma mata duree irratti ibsuuf yaalametti Aaddee Fatiyaa Abdurroo Haajii abbaa qabeenyaa ta'uudhaan Ogeessa Obbo Seyfaddiin H/Sayid Galatee waliin Magaala keessan Kutaa Magaalaa Luugoo Ganda Barreechaa lakk. manaa haaraa keessatti **Haayyama Mana Qorichaa Biraayitii jedhamu** bafatanii hojjechuu kan isaan dandeessisu Unka inspekshinii xalayyaa lakk: WFBMA/877/2017 gaafa guyyaa 26/2/2017 tiin nu gaafatanii jirtu.

Haaluma kanaan Haayyamni gahumsa Manni Qorichaa kun Maqaa Ogeessa Obbo Seyfaddiin H/Sayid Galateetiin waan isaaniif kennameef, waajjirri keessanis kanuma beekuudhaan Ogeessii fi Dhabbatni Manni Qorichaa kun Qajeelfamaa fi seeraa jiruun hojjechaa jiraachuu hubachuun to'annoo fi hordoffii gaggeessuun raawwii isaa ji'a sadi sadiin gabaassa akka nuuf gootan isin beeksifna.

Nagaa Wajjin

Shallama Dilgaasaa (BSC)
Qindeessaa Garoo Galmee
Ogummaa fi Hayyamaa

G/G

- Waajjira Daldaalaa fi Misooma Gabayaa Magaalaa Adaamaatiif

Adaamaa

1



BIIROO FAYYAA OROMIYAA
የወጪ ጤና ቢሮ
OROMIA HEALTH BUREAU

Guyyaa ቀን 05-13-16
Date
Lakk ቁጥር 23,298
Ref.no

Waajjira Fayyaa Bulchinssa Magaala Adaamatiif

Adaama

Dhimmi:- **Waa'ee Mana Qoricha Haaraa inspekshiniif ergame ilaala**

Akkuma mata duree irratti ibsuuf yaalametti **Adde Fatiya Abduro** Haadha qabeenyaa fi **Obbo Seyfadin H/Seid Gelete** immoo Ogeessaa ta'uudhaan **Magaala** Keessan Kutaa Magaala **Bareecha** Gandaa **Bifaa**; lakka. manaa haaraa keessatti Hayyama gahumsa Mana Qorichaa haaraa baafatanii hojjechuu akka barbaadana xalayyaa gaafa guyyaa 05/13/2016 tiin nu gaafatanii jiru.

Haaluma kanaan Hayyamni gahumsa Mana Qoricha kun Maqaa Ogeessa **Obbo Seyfadin H/Seid Gelete**tiin kennamuun dura manaa fi meeshaalee barbaachisan qopheeffachuu isaanii ilaalamee unki inspekshinii guutamee akka nuuf ergamu isin beeksifna.

Nagaa Wajjin

**Baddiluu H/Maanjoo (MBA/HPN)
Daayirektara Daayirektooreetii
To'annoo Tajaajila Qulqullinna
Fayyaa fi Fayyaan Walqabatanii
fi Qomishoetaa**

Hubachiisa:-

1. Bakka Manni Qorichaa itti gaafatame ykn itti banamu kun Kilinika ykn Buufata Fayyaa ykn Hospitaala irraa meetira 100 fi isaa ol fagaachuu qaba.
2. Manni Qoricha kun ulaagaa hin guunne yoo ta'e Unka inspekshinii guttanni akka hin ergine isin hubachiifana.



Oromia Health Bureau Directorate of Health and
Health Related Services and Products Quality
Control and Regulation

FORM-SOP/DHHRSPR-PROC006-001

Licensing request application form

Name of the Community Pharmacy	Soleti pharmacy		
Address	City	Adama Town	
	Kebele	Bika	
	Facility Phone Number	0900548744	
	Technical Manager Phone Number	0910778206	
	E-Mail Address of the facility		
	Physical Address:	Adama, oromia	
Indicate type of application: please tick or check a box.			
New	☒	Renewal	
Change of ownership	☐	Change of professionals	
Change of location	☐	Replacement of certificate of competence	
A. For NEW application, please make sure that below requirements are fulfilled			(Yes or No)
Educational evidence of technical manager			Yes
Employment agreement or contract of technical			Yes
Working experience letter of the technical manager from the employer that describes his/her resignation,			Yes
Proof of evidence if he/she had worked as a technical manager and from health regulatory bodies,			Yes
Professional license of the technical and storekeeper, Passport size photo of the technical manager, House rent contract or carta, or lease hold title certificate authenticated by Document Authentication and Registration Agency Trade bureau or any concerned Government office,			Yes
For partially completed building, provide authorization for use of the building for service from the responsible body.			No
Recent two passport size photos (not more than six months)			Yes
Payment of service fee			Yes

	Oromia Health Bureau Directorate of Health and Health Related Services and Products Quality Control and Regulation	FORM-SOP/DHHRSPR-PROC006-001
	Licensing request application form	

B. For Renewal application, please make sure that below requirements are fulfilled (Yes or No)	
Confirmation of payment of required service fee	
Upon submission of the internal audit report, if necessary and	
C. For change of certificate of competence replacement, please make sure that below requirements are fulfilled	
For change of physical address	
House rent contract or carta or lease hold title certificate authenticated by appropriate government body.	
Payment of service fee	
Previous original certificate of competence	
Recent two passport size photos (not more than six months) of technical manager	
description of the premises including pictures or videos of both the interior and exterior of the premises, if required	
Self-inspection result	
D. Change of Technical Manager, please make sure that below requirements are fulfilled	
Employment agreement of the new technical manager if the owner is different	
Education credentials	
Current original release and experience letter	
Professional license	
Payment of service fee	
Previous original certificate of competence	
Recent two passport size photos (not more than six	
E. Change of name of establishment, please make sure that below requirements are fulfilled	
Memorandum of establishment	



Oromia Health Bureau Directorate of Health and
Health Related Services and Products Quality
Control and Regulation

FORM-SOP/DHHRSPR-PROC006-001

Licensing request application form

Payment of service fee

Previous original certificate of competence

I certify I have read, understood, and agree to comply with community pharmacy compulsory standard regulating this licensing. I also certify the information herein submitted is true to the best of my knowledge and belief.

Owner Name

Fetiyu Abdur

Technical Manager Name

Seyfedin H/Seid

Signature

[Signature]
05/13/2016

Signature

[Signature]
05/13/2016

Date

Date

Guyyaa 05/13/18

Unka Waadaa Waliigaltee Ogeessi Teeknikaa Biiroo Fayyaa Waliin galu

Ani Dr./Obbo/Adde/Sr. Seifadin Hlseid Sadarkaa

Dhaabbatichaa Mana Dargacha Sorretti

ogummaa pharmacist tiin hojii hojjechuuf hayyama mirkaneessa ga'umsaa baasee gochoonni seeran alaa 1-5 tti tarreeffaman kun yoo xiqqaate tokko raawwatame taanan

1. Hayyama Mirkaneessa Ga'umsaa Biiroo Fayyaarraa ogeessa Teeknikaa ta'ee baaseen bakka ani hin jirretti beekamtii qaama too'atuutiin ala yoo hojiin qaama sadaffaadhaan ittiin hojjetamaa jirraate
2. Bakka ani hin jirretti dhaabbanni maqaa kootiin saaqame yakka kamiyyuu yoo raawwate
3. Akka biyyaattis ta'ee akka naannootti maqaa kootin ogeessa teeknikaa ta'ee dhaabbanni gara biraa saaqamee yoo jiraate
4. Hayyama mirkaneeffannaa ga'umsaa maqaa kootin baasee osoon Biiroo Fayyaa Oromiyaatti hin deebisin dhaabbata biraa keessa (mana Mootummaa, Dhaabbata Miti-Mootummaa ykn Dhaabbata Dhuunfaa) qacaramee yoon argame
5. Dhaabbata maqaa kootiin ba'e keessatti meshaalee fi qorichoonni seeraan alaa yoo argamanii fi sadarkaa dhaabbatichaaf hayyameen oli meeshaalee ykn qorichootas yoo qabatee fi shaakala(Practice) yoo godhe

Tarkaaffii Bulchiinsaas ta'ee **Tarkaaffii Seeraa** narratti fudhatamuuf itti-gaafatamummaa akkan fudhadhu mallattoo kootin nin mirkaneessa. Anis abbaa qabeenyaa dhaabbata kanaa ta'ee dhimmoota seeran alaa dhaabbata kana keessatti raawwatamaniif itti-gaafatammummaa fudhachuukoo mallattoo kootiin nin mirkaneessa.

Maqaa Guutuu ogeessaa

Seifadin Hlseid

Mallattoo

APP

Guyyaa 05/13/18

Maqaa Guutuu abbaa qabeenyaa

Fatiya Abdur

Mallattoo

7

Guyyaa 05/13/18



አሰላ - ኢትዮጵያ

Asella - Ethiopia

Date:

28/12/2016

Ref No

214/10/154/2016/2478/16

አማን ነቢ አያቶ

Aman Nebi Ayato (MLT, MSC)

የአስተዳደርና ልማት ዋና ዳይሬክተር

Chief Administration & Development Director

ለሚመለከተው ሁሉ

ጉዳዩ :- የስራ ልምድ መስጠትን ይመለከታል ::

ከላይ በርዕሱ ለመጥቀስ እንደተሞከረው የአርሲ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የሥራ ባልደረባ የሆኑት አቶ ሠይፋዲን ሀ/ሳይድ ገለቴ ያገለገሉበት የስራ ልምድ ተፅፎ እንዲሰጣቸው በቀን 28/12/2016 ዓ.ም በፃፉት ማመልከቻ ጠይቀዋል፡፡

በዚሁ መሰረት በስም ተጠቃሹ:-

1ኛ. ከሀምሌ 1 ቀን 2006 ዓ. ም ጀምሮ እስከ ሀምሌ 11 ቀን 2010 ዓ.ም በደረጃ መጥ 6/2 የወር ደመወዝ ብር 3001.00 (ሶስት ሺ አንድ ብር) እያገኙ በቀዳሞ አዳማ ሳይንስና ቴክኖሎጂ ዩኒቨርሲቲ አሰላ ጤና ት/ቤትና ሆስፒታል በጁኒየር ዲፖዝት ያገለገሉ መሆኑን፡-

2ኛ. ከሀምሌ 12 ቀን 2006 ዓ.ም ጀምሮ እስከ ነሐሴ 30 ቀን 2016 ዓ.ም ድረስ በፋርማሲ ፕሮፌሽናል 11 በደረጃ XIV የወር ደመወዝ ብር 9056.00 (ዘጠኝ ሺ ሀምሳ ስድስት ብር) እያገኙ ያገለገሉ መሆኑን፡-

3ኛ. 1/13/2016 ዓ.ም ጀምሮ በገዛ ፍቃዳቸው ስራ የለቀቁ መሆናቸውን እየገለፁን ይህንን የስራ ልምድ ማስረጃ የሰጠናቸው መሆኑን እንገልጻለን፡፡

ግልባጭ:-

- ❖ ለአስተዳደር ልማት ዋና ዳይሬክተር
 - ❖ ለሰው ሀብት ልማትና አስተዳደር ቡድን
 - ❖ ለአቶ ሠይፋዲን ሀ/ሳይድ ገለቴ
- ጤና ሳይንስ ኮሌጅ



ከሰላምታ ጋር!

(Signature)

አማን ነቢ አያቶ (MLT, MSC)

የአስተዳደርና ልማት ዋና ዳይሬክተር
 Chief Administration & Development Director



Arsi University Yunivarsiitii Arsii አርሲ ዩኒቨርሲቲ

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College of Health science

Kolleejjii Saayinsii Fayyaa

የጤና ሳይንስ ኮሌጅ



Asella Ethiopia

ቀን/date

ቁጥር/No

College Chief Executive Director (CED) with the rank of V/P

Dr. Gadisa Dejene Ejeta (MD)

ዶ/ር ጋዲሳ ደጀኔ ኤጀታ

Assistant Professor fo Internal Medicine

ዶ/ር ጋዲሳ ደጀኔ ኤጀታ የወሰጥ ደዌ ህክምና ረ/ ፕሮፌሰር

ለሚመለከታው ሁሉ

ጉዳዩ:- መልቀቂያ ስለመስጠት ይሆናል ::

ከላይ በርዕሱ ለመጥቀስ እንደተሞከረው አርሲ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የሥራ ባልደረባ የሆኑት አቶ ሴይፈዲን ሐ/ሰይድ ገለቴ ከ22/12/2016 ዓ.ም በፃፉት መማልከቻ በገዛ ፍቃዳቸው ስራ የለቀቁ መሆኑ ይታወቃል::

በዚሁ መሠረት በስም ተጠቃሽ

1. የትውልድ ዘመን ----- 2/1/1984
2. የቅጥር ዘመን----- በ20/10/2003
3. የሥራ መደብ መጠሪያ----- በፋርማሲ ፕሮፌሰር III
4. ደረጃ ----- XIV
5. ደመወዝ -----9056.00
6. ደመወዝ የተከፈለበት ----- 30/12/2016
7. ሥራ የለቀቁበት ቀን -----1/13/2016
8. ሥራ የለቀቁበት ምክንያት ----- በገዛ ፍቃዳቸው
9. እንደዚሁም ምንም አይነት የመንግስት ሀብትና ንብረት የሌለባቸው መሆኑን እየገለጹ ከአዳዲስ የሆኑበትን ክሊራንስ እና ከ1 ገጽ ከዚህ ደብዳቤ ጋር አያይዘን የሰጠናቸው መሆኑን እንገልጻለን::

ከሰላምታ ጋር!

ግልባጭ

- ✓ ለሰው ሀብት ልማት አስተዳዳሪ ዳይሬክቶሬት
- ✓ አርሲ ዩኒቨርሲቲ
- ✓ በም/ፕሬዝዳንት ማዕረግ ለዋና ሥራ አስፈጻሚ
- ✓ ለአካዳሚክ ምርምርና ማህበረሰብ አገልግሎት ዋና ዳይሬክተር
- ✓ ለአስተዳደር ል/ዋ/ዳይሬክተር
- ✓ ለዋና ክሊኒካል ዳይሬክተር
- ✓ ለፋርማሲ ዳይሬክተር
- ✓ ለሰው ሀብት ልማትና አስተዳደር ቡድን
- ✓ ለፋይናንስና አካውንቲንግ ቡድን
- ✓ ለሰው ሀብት ልማትና አስተዳደር ዳታ እንኮደር
- ✓ ለአቶ ሴይፈዲን ሐ/ሰይድ ገለቴ
- ✓ ጤና ሳይንስ ኮሌጅ



ዶ/ር ጋዲሳ ደጀኔ ኤጀታ
የወሰጥ ደዌ ህክምና ረ/ፕሮፌሰር
በም/ፕሬዝዳንት ማዕረግ
ዋና ሥራ አስፈጻሚ



አርሲ ዩኒቨርሲቲ
ARSI UNIVERSITY
አሰላ ጤና ሳይንስ ኮሌጅ
Asella College of Health Sciences

Employment (Service) Termination clearance form

☐ 04 or 396 Phone: +251-223-31-77-48 Fax: +251-223-31-45-84

Arsi University College of Health Science P.O Box 04 or 396, Asella-Ethiopia

Date _____

All persons terminating their employment (service) with the are required to present termination clearance in order to be able to collect final payment of and sort owed to them by the university

Employee name _____

Name Sentadin H/Seid

position Pharmacist

Department Pharmacy

reason of termination _____

2. Commitment and obligation of employee

I have returned all borrowed University property. There is no property which I owe to Arsi University or that is owed to me by the university.

Name and signature by concerned department or section heads confirming that the aforementioned staff does not owe the university and property or the converse appears in the table below

No	Department	Name of Department or Head	Signature	Remark
1	Hospital Pharmacy department	<u>INABIE KUSU</u>		<u>Edao Sado Pharmacy Service Director</u>
2	Registrar	<u>KEFOMIN</u>		<u>Head of Registrar</u>
3	Head of school library service	<u>Head of School Library Service</u>		<u>Head of School Library Service</u>
4	Nursing Director	<u>Hussein</u>		<u>Head of Nursing</u>
5	Liaison and Social Service Unit	<u>Ashu Gena</u>		<u>Head of Liaison and Social Service Unit</u>
	Human resource management officer	<u>Human Resource Management Officer</u>		<u>Human Resource Management Officer</u>
	Finance and Accounting officer	<u>Finance and Accounting Officer</u>		<u>Finance and Accounting Officer</u>
8	Student dormitory service team leader	<u>Student Dormitory Service Team Leader</u>		<u>Student Dormitory Service Team Leader</u>
9	Maintenance and General service	<u>Ziyad Hussien</u>		<u>Head of Maintenance and General Service</u>
10	Store and supply team leader	<u>Store and Supply Team Leader</u>		<u>Store and Supply Team Leader</u>
11	Hospital pharmacy store	<u>Gena Kedir</u>		<u>Head of Hospital Pharmacy Store</u>
12	Campuses security service team leader	<u>Campuses Security Service Team Leader</u>		<u>Campuses Security Service Team Leader</u>
13	Legal service	<u>Legal Service</u>		<u>Legal Service</u>
14	Casher	<u>Br. Hach Makurya G/Mariyam</u>		<u>Head of Cashier</u>
15	Store keeper	<u>Store Keeper</u>		<u>Store Keeper</u>
16	Credit & saving	<u>Kudist Bogale</u>		<u>Head of Credit & Saving</u>
17	Property Administration	<u>Property Administration</u>		<u>Property Administration</u>
18	Hospital laboratory department	<u>Sulton Tufa</u>		<u>Head of Hospital Laboratory Department</u>
19	Ethics and Anti-corruption Team	<u>Ethics and Anti-corruption Team</u>		<u>Ethics and Anti-corruption Team</u>

To the best of my knowledge I have settled my affairs with the above listed departments and agree to for any matter that the COHs may require of me.

4. This clearance is issued to _____ who has been academic (support staff) Administration staff at the COHs as evidence that he/she doesn't owe COHs anything or the converse.

Chief Adm.dev't director(CCADD) /CHADD _____ Chief Clinical Director _____

Chief Executive Director (CED) _____

NAME _____

SIGNATURE _____

DATE _____

NAME _____

SIGNATURE _____

DATE _____

NAME _____

SIGNATURE _____

DATE _____

Aman Nebi Ayato (MLT/MSCI)
Chief Administration & Development Director

Dr. Jemal Reshad
Assistant Professor of General Surgery
Chief Clinical Director

ዶ/ር ጋደሰ ደጀኔ ኤጀተ
የውስጥ ደቆ ሀኪም ሪ/ፕሮፌሰር
በም/ፕሮግራም ማዕረግ
ዋና ሥራ አስፈጻሚ





አሰላ - ኢትዮጵያ

Asella - Ethiopia

Date:

28/12/2016

Ref No

718/101/541/ወሐ62/2478/16

አማን ነቢ አያቶ

Aman Nebi Ayato (MLT, MSC)

የአስተዳደርና ልማት ዋና ዳይሬክተር

Chief Administration & Development Director

ለሚመለከተው ሁሉ

ጉዳዩ :- የስራ ልምድ መስጠትን ይመለከታል ::

ከላይ በርዕሱ ለመጥቀስ እንደተሞከረው የአርሲ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የሥራ ባልደረባ የሆኑት አቶ ሠይፋዲን ሀ/ሳይድ ገለቴ ያገለገሉበት የስራ ልምድ ተፅዕኖ እንዲሰጣቸው በቀን 28/12/2016 ዓ.ም በፃፉት ማመልከቻ ጠይቀዋል፡፡

በዚሁ መሰረት በስም ተጠቃሹ:-

1ኛ. ከሀምሌ 1 ቀን 2006 ዓ. ም ጀምሮ እስከ ሀምሌ 11 ቀን 2010 ዓ.ም በደረጃ መጥ 6/2 የወር ደመወዝ ብር 3001.00 (ሶስት ሺ አንድ ብር) እያገኙ በቀደም አዳማ ሳይንስና ቴክኖሎጂ ዩኒቨርሲቲ አሰላ ጤና ት/ቤትና ሆስፒታል በጁኒየር ዲሬክቶር ያገለገሉ መሆኑን፡-

2ኛ. ከሀምሌ 12 ቀን 2006 ዓ.ም ጀምሮ እስከ ነሐሴ 30 ቀን 2016 ዓ.ም ድረስ በፋርማሲ ፕሮፌሽናል 11 በደረጃ XIV የወር ደመወዝ ብር 9056.00 (ዘጠኝ ሺ ሀምሳ ስድስት ብር) እያገኙ ያገለገሉ መሆኑን፡-

3ኛ. 1/13/2016 ዓ.ም ጀምሮ በገዛ ፍቃዳቸው ስራ የለቀቁ መሆናቸውን እየገለፁን ይህንን የስራ ልምድ ማስረጃ የሰጠናቸው መሆኑን እንገልጻለን፡፡

ግልባጭ:-

- ❖ ለአስተዳደር ልማት ዋና ዳይሬክተር
 - ❖ ለሰው ሀብት ልማትና አስተዳደር ቡድን
 - ❖ ለአቶ ሠይፋዲን ሀ/ሳይድ ገለቴ
- ጤና ሳይንስ ኮሌጅ



ከሰላምታ ጋር!

(Signature)

አማን ነቢ አያቶ
 Aman Nebi Ayato (MLT, MSC)
 የአስተዳደርና ልማት ዋና ዳይሬክተር
 Chief Administration & Development Director



Arsi University

Yunivarsiitii Arsii

አርሲ ዩኒቨርሲቲ

Like Our Star Athletes, Excelling Professionals!

College of Health science

Kolleejjii Saayinsii Fayyaa

የጤና ሳይንስ ኮሌጅ



Asella Ethiopia

ቀን/date

ቁጥር/No

28/12/2016
2468

College Chief Executive Director (CED) with the rank of V/P

Dr. Gadisa Dejene Ejeta (MD)

ዶ/ር ጋዲሳ ደጀኔ ኤጀታ

Assistant Professor fo Internal Medicine

ዶ/ር ጋዲሳ ደጀኔ ኤጀታ የውስጥ ደዌ ህክምና ረ/ፕሮፌሰር

ለሚመለከታዉ ሁሉ

ጉዳዩ:- መልቀቂያ ስለመስጠት ይሆናል ::

ከላይ በርዕሱ ለመጥቀስ እንደተሞከረዉ አርሲ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የሥራ ባልደረባ የሆኑት አቶ ሴይፈዲን ሐ/ሰይድ ገላቴ ከ22/12/2016 ዓ.ም በፃፉት መማልከቻ በገዛ ፍቃዳቸዉ ስራ የለቀቁ መሆኑ ይታወቃል::

በዚሁ መሠረት በስም ተጠቃሹ

1. የትውልድ ዘመን ----- 2/1/1984
2. የቅጥር ዘመን----- በ20/10/2003
3. የሥራ መደብ መጠሪያ----- በፋርማሲ ፕሮፌሽናል III
4. ደረጃ ----- XIV
5. ደመወዝ -----9056.00
6. ደመወዝ የተከፈለበት ----- 30/12/2016
7. ሥራ የለቀቁበት ቀን -----1/13/2016
8. ሥራ የለቀቁበት ምክንያት ----- በገዛ ፍቃዳቸዉ
9. እንደዚሁም ምንም አይነት የመንግስት ሀብትና ንብረት የሌለባቸዉ መሆኑን እየገለጹ ከአዳ ነጻ የሆኑበትን ክሊራንስ እና ከ 1 ገጽ ከዚህ ደብዳቤ ጋር አያይዘን የሰጠናቸዉ መሆኑን እንገልጻለን::

ከሰላምታ ጋር!

ግልባጭ

- ✓ ለሰዉ ሀብት ልማት አስተዳዳሪ ዳይሬክቶሬት አርሲ ዩኒቨርሲቲ
- ✓ በም/ፕሬዝዳንት ማዕረግ ለዋና ሥራ አስፈፃሚ
- ✓ ለአካዳሚክ ምርምርና ማህበረሰብ አገልግሎት ዋና ዳይሬክተር
- ✓ ለአስተዳደር ል/ዋ/ዳይሬክተር
- ✓ ለዋና ክሊኒካል ዳይሬክተር
- ✓ ለፋርማሲ ዳይሬክተር
- ✓ ለሰዉ ሀብት ልማትና አስተዳደር ቡድን
- ✓ ለፋይናንስና አካውንቲንግ ቡድን
- ✓ ለሰዉ ሀብት ልማትና አስተዳደር ዳታ እንኮደር
- ✓ ለአቶ ሴይፈዲን ሐ/ሰይድ ገላቴ ጤና ሳይንስ ኮሌጅ



ዶ/ር ጋዲሳ ደጀኔ ኤጀታ
የውስጥ ደዌ ህክምና ረ/ፕሮፌሰር
በም/ፕሬዝዳንት ማዕረግ
ዋና ሥራ አስፈፃሚ

Employment (Service) Termination clearance form

☒ 04 or 396 Phone :+251-223-31-77-48 Fax:+251-223-31-45-84

Arsi University College of Health Science P.O Box 04 or 396, Asella-Ethiopia

Date _____

All persons terminating their employment (service) with the are required to present termination clearance in order to be able to collect final payment of and sort owed to them by the university

Empolyee name

Name Sajjad H/Said
position Pharmacist

Department Pharmacy

reason of termination

2. Commitment and obligation of employee

I have returned all borrowed University property. There is no property which I owe to Arsi University or that is owed to me by the university.

Name and signature by concerned department or section heads confirming that the aforementioned staff does not owe the university and property or the converse appears in the table below

No	Department	Name of Department or Head	Signature	Remark
1	Hospital Pharmacy department			
2	Registrar			
3	Head of school library service			
4	Nursing Director			
5	Liaison and Social Service Unit			
6	Human resource management officer			
7	Finance and Accounting officer			
8	Student dormitory service team leader			
9	Maintenance and General service			
10	Store and supply team leader			
11	Hospital pharmacy store			
12	Campuses security service team leader			
13	Legal service			
14	Casher			
15	Store keeper			
16	Credit & saving			
17	Property Administration			
18	Hospital laboratory department			
19	Ethics and Anti-corruption Team			

To the best of my knowledge I have settled my affairs with the above listed departments and agree to for any matter that the COHs may require of me.

4. This clearance is issued to _____ who has been academic (support staff) Administration staff at the COHs as evidence that he/she doesn't owe COHs anything or the converse.

Chief Adm.dev't director(CCADD) /CHADD Chief Clinical Director

Chief Executive Director (CED)

NAME _____
SIGNATURE _____
DATE _____

NAME-----
SIGNATURE
DATE-----

NAME _____
SIGNATURE W. J. [Signature]
DATE _____

Amann Nebi Ayato
Chief Administration &
Development Director

(Faint background stamp: Dr Jermal R. ... Assistant Professor Of General ... Chief Clinical Director)

ATE-----
ዶ/ር ጋዲስ ደጀን አጀታ
የውስጥ ደዌ ሀክምና ሪ/ፐሮፌሰር
በም/ፕራዝዳንት ማዕረግ
ዋና ሥራ አስፈፃሚ





HIHOO FAYYAA OHONHAYAA
MAYYAY MAY HEE
OHONHAA HEALTH BUREAU

BFO/AH10FFWO: 1624630/2016
የግንዛቤ ቁጥር (Reg. No.): 1401272/2016
RPL: 27

የመ.የ.ግንባር የግሪ.ፍ.ጽ የምስክር ወረቀት.

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ኢትዮጵያ መንግስት የአባልነት አካል በልማት ተጓዥ ለመሆን
በመጣው ለማይቀር ሪፖርት/2002 እንደ 3 (3) ለአባል ጤና ቢር በተሰጠው ስልጣንና ተጓዥ መሆኑን
ይዩረዳኝ አባልነት ገለጽ
ተገቢውን የብቃት ደረጃ ለማሟላት

- # 1. ОБЪЕКТ И ЦЕЛИ

ተመዝግበው ይህን የሰነድ ምዝገባና የሥራ ፋይዳ ምሥክር ወረቀት ተሰጥቷል፡፡

19/06/2015
14:00:00

DATE RECEIVED BY THE OWNER, (PRINT)

- [illegible]

Professional Registration and Licensing Certificate

The regional health Bureau by Virtue of the Power Vested in it by the Definitions of Powers and Duties of the Executives Organs of Federal Democratic Republic of Ethiopia Proclamation Number 661/2009 Article 3 (3):

- ## 1. EXPERT PHARMACIST

2710212024

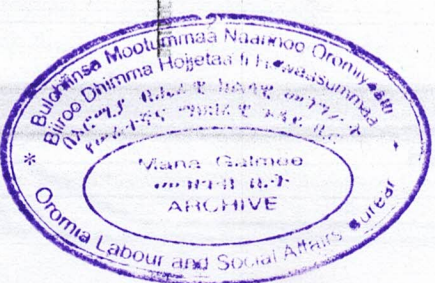
Issuance Date (G.C.)

Bedlin H/Maria Victoria OMA, HPND
Health & Health Related Regulatory
Directorate Director

N.B.

1. This certificate should be renewed every five years.
2. Is unlawful if it is found being used by another person.
3. The holder is required to notify as soon as the certificate is lost.

PLC 007998003350377





**The Oromia National Regional State Labour and
Social Affairs Bureau**

Lak/Ref:

ቁጥር

Guyyaa/Date:

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BDhHHO/04/19/11/25

04/13/2016

Biirroo Eegumsa Fayyaa Oromiyaa tiif

Finfinnee

Dhimmi: - Waa'ee Waliigaltee Qaxarii Hojjetaa Ilaalaa.

Dhaabbanni Mana Qorichaa Soritii ^{est} eyyama hojii baafachuuf waliigaltee hojii hojjetaa wajjiin godhatee mirkanaa'eef Biirroo Eegumsa Fayyaa Oromiyaa tiif akka barreeffamuuf guyyaa 04/13/2016 barreeffameen nu gaafatee jira.

Kanaafuu walii-galtee hojii bu'uuraa labsii Dhimma Hojjetaa fi Hojjechiisaa lakk 1156/2011 keewwata 4 fi 6 tiin qaamolee lamaan jidduutii kan raawwatame ta'uu ibsaa, waliigaltqaxarii fi hayyama ogummaa **Obbo Seifadin H/Said** wajjin taasifame miiltoo xalayaa kanaatiin erguu keenya ibsaa, gama keessaniin deeggarsaa barbaachisu akka gootaniif ni gaafanna.



Nagaa wajjin

Addisalem Getachew

Og Marii Hawasaa

G.G

- **Dhaabbata Mana Qorichaa Soritii tiif**
- **Obbo Seifadin H/Said tiif**
- **Sh/Bahaa**
- **Garee Qunnamtii Industirii tiif**
- **BDhHHO**

Bu'uura Tumaalee Labsii Dhimma Hojjata fi Hojjachisaa

Lak 1156/2011 Keewwata 4-6'tiin Walii Galtee Hojii

Hojjachiisaa Fi Hojjetaa Gidduutti Hundeeffame

1. Waliigalteen hojii kun Dhaabbataa Mana Dorchaa Sorrett jedhamee waamamuu fi hojjataa Obbo/Aadde Seifadin H/said jedhaman jidduutti waliigaltee hojii guyyaa har'aa 04/11/16 hundeeffameedha.

2. Teessoo Dhaabbataa Hojjechiisaa (Qaxaraa)

- 2.1. Maqaa Dhaabbataa Mana Dorchaa Sorrett
Chetinaa Abdur
2.2. Naannoo Dromana Godina SHIB Aanaa Samachaa
Ganda Betaa Lak. Manaa _____ Lak. bilbilaa 09778206
2.3. L.S.P. _____ Email _____
2.4. Lak. Galmee hayyama daldalaa _____
2.5. Lak. Waraqaa Eenuimmaa 052115 Qaama Kenneef 0510515

3. Qacarama (hojjataa)

- 3.1 Maqaa Guutuu Hojjetaa Seifadin H/said
3.2. Sadarkaa Barumsaa BA Gosa Barumsaa Bsc Pharmacist
3.3. Naannoo Dromana Godina SHIB Aanaa Samachaa
Ganda Betaa Lak. Manaa _____ Lak. bilbilaa 0900548700
3.4 L.S.P. _____ Email _____
3.5. Lak. Waraqaa Eenyummaa 401116 Qaama Kenneef 0377116

4. Kaayyoo Waliigaltee kanaa

- 4.1. Walitti dhufeenya mirgaa fi dirqama hojjataa fi hojjachiisaa gidduu jiru qixa ifa ta'een kaa'uuf;
4.2. Hojjetichi waa'ee mirgaa fi dirqamaa isaa haalaan akka beeku gochuun guddina omishaa fi omishtummaa tiif haala mijaa'aa uumuu;
4.3 Hojiirra oolmaa labsii fi seerota bahan karaa ifa taheen raawwachuuf akkasumas mirgaa fi dirqamaa hojjataa fi hojjachiisaa hojiirraa oolchuuf;
4.4. Akka amala mana hojiitiin kan biroos dabaluun ni danda'ama .

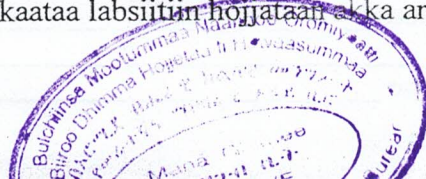
5. Gosa Hojii fi Haala Kaffaltii

- 5.1. Gosa Hojii Pharmacist
5.2. Iddoo hojii Adamaa
5.3. Hamma Kaffaltii Mindaa qarshiin 8000
5.4. Yeroo kafalattii :- Ji'aan (1) Guyyoota 15'niin _____ Guyyaa guyyaadhaan _____
5.5. Yeroon Kaffaltii guyyaa ayyanaa ummataa fi guyyaa boqonnaa irraa kan oolu yoo ta'e guyyoota hojii sana duraa jiran keessa kan kanfalamu ta'a.

6. Sa'aatii Seensa fi Bahiinsaa

Sa'aatii hojii idilee dhaabbatichaa guyyatti sa'aatii 8 torbaanitti sa'aatii 48 caaluu hin qabu.

- 6.1. Wixata hanga jimaataa ganama sa'atii 2:00 irraa hanga waaree booda Sa'atii 8:00
Sanbataa sa'aatii dura 7:00 irraa hanga Waaree boodaa 11:00 Sa'aatii 8 tti.
6.2. Hojiin sa'aatii hojii idilee ala hojjatamu akka hojii dabalataatti galma'ee bu'uura tumaalee labsii lakk. 1156/2011 keewwata 68 keewwata irratti ibsameen herregamee kanfaltiin ni raawwatama;
7. Guyyaan boqonnaa torbanii Sanbataa ni ta'a. (sa'aatii 24 walitti aanu gadi ta'uu hin qabu)
8. Boqonnaa Wagga, hayyama boqonnaa torbaanii, hayyama ayyaanaa, hayyama rakkoo hawaasummaa (ga'eela fi gadda) hayyama waliigaltee gamtaatiin ykn akkaataa labsiitiin hojjataa akka argatu ni taasifama. (Kew 69,73,77,81,85fi 88)





Lakk / Ref. No/ WFBMA/ 877 /2017

Guyyaa / Date/ ቀን 26 / 2 2017

Biiroo Eegumsaa Fayyaa Oromiyaatiif

Finfiinee

Dhimmi:- Wa'ee Mana Qoricha haara ta'a

Akkumaa Armaan olitii ibsuuf yalameetii **Addee Fatiyaa Abduroo Hajjii** abbaa qabeenyaa fi Maqqaa ogeessaa **Obboo Sefedin H/Sayid Galatee** ta'udhaan mana Qoricha haara Kutaa Magaala Luugoo Aana Barreechaa banachuun dura manaa fii meesaaleen yaala issan qopheefatan ilaalamee unkaan inspeekshinii gutamee akka issiniif erginuu xalayaa guyyaa 05/13/2016fi Lakk BEFO23,299 nugafachuun keesan niyaadatamaa.

Halumaa kanaan ogeesonii dhimmi kun ilaalu idoo manii kun jiru Kutaa Magaala Luugoo Aana Barreechaa kan ta'e ademanii kan ilaalan yoo ta'u unkaa inspeekshinii fula 7 xalayaa gageesituu kanaan walqabsiifnee kan erginee ta'u issin hubachisaa gargaarsii barbaachisaa ta'e yoo godhameef mormii kan hinqabnee ta'u issiin hubachiifnaa.



Nagaa Wajjiin

Hussein Roobaa

Qindeessaa G/T/Q/T/Dhaabilee Fayyaa

Pre-licensing Inspection Checklist for Medicine Retail Outlet (Pharmacy & Drug Shop)

	Name of the Region/Zone/Woreda/Agency	FORM No.: 001
	Title: Pre-licensing Inspection Checklist	SOP No.
		Revision No:

Instruction: This checklist is designed to assess the compliance rate of community pharmacies, focusing on premises, personnel, and products (equipment and materials). Complete all sections of the checklist (Yes, No, NA).

5. General Information

5.1. Level of community pharmacy a. Pharmacy (Yes, No) b. Drug shop (Yes, No)	5.6. Address a. Region: <u>Oromia</u> b. Zone: <u>Adama Town</u> c. Woreda: <u>Adama / Lupa Sub City</u> d. House No: <u>New</u> e. Phone No: <u>0910278206</u> f. Specific location: <u>Barecha</u>	Date of Inspection (dd/mm/yy)
5.2. Name of pharmacy/drug shop <u>Soreti</u> 5.3. Name of Technical Manager <u>Sefidin Hana</u> 5.4. Professional Level of Technical Manager <u>Expert Pharmacist</u> 5.5. Name of Owner (s) <u>Fatiya Abduro</u>		

SN	Requirements	Compliance		
		Yes	No	NA
6.	Professionals			
6.1.	The technical manager and other technical personnel have valid and renewed professional licenses.	✓		
6.2.	For pharmacy, the technical manager has a minimum of three years of work experience as a pharmacist with a bachelor's or advanced degree in pharmaceutical sciences, or as a druggist or level IV pharmacy technician with an additional one year as a pharmacist.	✓		
6.3.	For drug shop, the technical manager has a druggist or level IV pharmacy technician with a minimum of three years of work experience, or a pharmacist with a minimum of one year of work experience as a pharmacist.			
6.4.	The community pharmacy (pharmacy or drug shop) has at least one additional licensed pharmacist, druggist, or level IV pharmacy technician.	✓		
6.5.	The professionals have no known history of legal or unethical practices.	✓		
7.	Premises			
7.1.	Design, Layout and Location			
7.1.1.	The pharmacy or drug shop is self-contained and secured with a single point of entry and exit.	✓		
7.1.2.	The pharmacy or drug shop is located a minimum of 100 meters away from other community pharmacies or health facilities.	✓		
7.1.3.	Construction of the premises prevents direct sunlight, dust, moisture,	✓		



SN	Requirements	Compliance		
		Yes	No	NA
	entry of insects, animals (especially rodents) or birds, and flooding.	✓		
7.1.4.	The walls are constructed and maintained from concrete or bricks and painted with washable paint. Internal partitions, if necessary, are made of aluminum board or bricks.	✓		
7.1.5.	The pharmacy displays a clear signboard bearing its name and working hours.	✓		
7.1.6.	The entrance, dispensing counter, and doorways are accessible to people with disabilities.	✓		
7.1.7.	The pharmacy or drug shop has dedicated premises including: - Store room ✓ - Dispensing room ✓ - Compounding room for pharmacy only (optional) - Counselling room ✓ - Drug information service shared with counselling room ✓ - Drug information Center (optional) - Administrative office and changing room or area ✓ - Toilet with water ✓ - Waiting area ✓	✓		
7.1.8.	The dedicated rooms and areas are labelled.	✓		
7.1.9.	The pharmacy or drug shop has adequate lighting and ventilation with the required illumination and light intensity (check lighting lamps, e.g., LED or fluorescents as an option).	✓		
7.1.10.	Floors, ceilings, and walls are smooth and washable; without dust, free of cracks and holes, discoloration, leakage/water stains, or other signs of disrepair.	✓		
7.2.	Environment, Security, and Safety			
7.2.1.	The pharmacy or drug shop is located 100 meters away from any facilities that adversely affect the quality of medicines.	✓		
7.2.2.	Electrical outlets are safe and properly maintained.	✓		
7.2.3.	The premises are lockable and not accessible to unauthorized entry.	✓		
7.2.4.	A functional fire extinguisher is available.	✓		
7.2.5.	First-aid materials are available.	✓		
7.3.	Storage room			
7.3.1.	Storage room is at least 12 square meters in size for pharmacy, and 9 square meters for drug shop (measure the area in square meters, length, and width in meters). (Actual measurement <u>3</u> x <u>4</u> = <u>12 m²</u>)	✓		
7.3.2.	Ceiling height is not less than 2.6 meters. In areas with consistently elevated temperatures, minimum ceiling height is 3 meters.	✓		
7.3.3.	Storage room is well ventilated, dry, and protected from direct sunlight and heat.	✓		
7.3.4.	Storage room is self-contained and secure with a lockable door.	✓		
7.3.5.	Walls are smooth and washable; not constructed from wood, corrugated sheet, mud, or grass materials.	✓		
SN	Requirements	Compliance		



		Yes	NO	NA
7.3.6.	Floor is smooth and easily washable; constructed from cement, ceramic, epoxy, or other related materials.	✓		
7.3.7.	Ceiling is smooth, washable, and heat resistant.	✓		
7.3.8.	Storage room has sufficient shelving constructed from a smooth, washable, and impermeable material.	✓		
7.3.9.	Shelves are available a minimum of 20 cm above the floor, one meter wide between shelves, and 25 cm away from the wall and 50 cm from the ceiling. If pallets are used, they are 20 cm above the floor, one meter between pallets, and 25 cm away from the wall (also check for their adequacy in number).	✓		
7.4.	Dispensing room			
7.4.1.	Minimum area of the dispensing room is 25 square meters for both pharmacy and 22 square meters for drug shop, with a minimum side measurement of 4 meters. (Actual measurement <u>6</u> x <u>4.5</u> = <u>27m²</u>)	✓		
7.4.2.	Minimum ceiling height is 2.6 meters. In areas with consistently elevated temperatures, minimum ceiling height is 3 meters.	✓		
7.4.3.	Dispensing counter is at least 1.5 meters away from the back shelf and 2.5 meters away from the patient gate (check the distance with a calibrated meter).	✓		
7.4.4.	Dispensing counter is at least 0.60 meters wide, 1.10 meters high, and 1 meter long per dispenser, with a total length of not less than 3.5 meters for pharmacy (3 meters for drug shop).	✓		
7.4.5.	Availability of waiting area with seating options (number of seats depends on the number of patients).	✓		
7.4.6.	Size of dispensary and storage is adequate, allowing easy movement and workflow.	✓		
7.4.7.	Shelves in the dispensing room are a minimum of 20 cm above the floor, one meter wide between shelves, 25 cm away from the wall, and 50 cm from the ceiling. If pallets are used, they are 20 cm above the floor, one meter between pallets, and 25 cm away from the wall.	✓		
7.4.8.	Access restricted to authorized personnel in the actual dispensing area.	✓		
7.4.9.	Calibrated thermohydrometers are properly located at appropriate locations.	✓		
7.4.10.	Walls are clean, smooth, and washable; without dust, holes, or cracks, and made of a material that allows for easy cleaning.	✓		
7.4.11.	Roof is in good condition to avoid leakages; no holes or signs that water is running through (check if the ceiling is made of cardboard or cement).	✓		
7.4.12.	Dispensary is well illuminated and ventilated, with the required illumination and light intensity (check lighting lamps, e.g., LED and fluorescents as an option).	✓		
7.5.	Compounding room for pharmacy only (if available)			
7.5.1.	Compounding room is at least 9 square meters, with a minimum side measurement of 2.5 meters. (Actual measurement ___ x ___ = ___)			
7.5.2.	Compounding bench is at least 0.75 meters wide, with a total length of not less than 2 meters, and not less than 1.5 meters away from the gate.			
7.5.3.	Compounding bench is made of stainless steel, marble, or similar acceptable material, which is washable, impermeable, chemical- resistant, and waterproof.			
SN	Requirements	Compliance		
		Yes	No	NA



7.5.4.	Compounding bench top is not made of wood, cement, corrugated sheet, or plastic materials.			
7.5.5.	Compounding room is designed to avoid contamination and cross- contamination.			
7.5.6.	Walls of the compounding room are finished with a smooth, washable, and impermeable material, which is easy to clean and maintain in a hygienic condition.			
7.5.7.	Compounding room is neat, ventilated, and appropriate for compounding activities.			
7.5.8.	There is a storage cabinet or shelf for labelling and raw materials.			
7.5.9.	There is a suitable and clean wash basin made of a smooth, washable, and impermeable material, with a source of tap water and a closed drainage system.			
7.6.	Counselling room			
7.6.1.	Area of counseling room is at least 4 square meters, with a minimum side of 1.5 meters, and equipped with chairs and a table. (Actual measurement $1.5 \times 2.7 = 4.05$)			
7.6.2.	Counseling room is designed to maintain confidential conversation between pharmacy professionals and clients.			
7.6.3.	Counseling room is easily accessible and, where possible, close to the dispensary.			
7.7.	Drug information center only for pharmacy (optional)			
7.7.1.	Well-equipped drug information center with a minimum area of 12 square meters and minimum side length of 3 meters.			
7.7.2.	Additional office room for the staff of the drug information center.			
7.8.	Toilet with water			
7.8.1.	There is a toilet room for the community pharmacy, which may be shared with other facilities if it is in a multipurpose building.			
7.8.2.	Toilet room has readily available potable water with a hand wash basin, soap, and a closed drainage system.			
7.8.3.	Toilet facilities are kept clean and in good order.			
7.8.4.	Toilet has no direct access to dispensing and storage rooms.			
7.8.5.	Toilet is clearly designated and labelled with arrows or images.			



SN	Requirements	Compliance		
		Yes	No	NA
7.9.	Products (Equipment and materials)			
7.9.1.	Availability of continuous power supply.	✓		
7.9.2.	Dispensing and storage equipment and materials include:			
	a. Counting devices for tablets and capsules			
	b. Tablet cutter.			
	c. Stainless steel spoon	✓		
	d. A refrigerator equipped with a maximum and minimum thermometer. Pharmaceutical grade refrigerators should be recommended.			
	e. Secure fixed metal cabinet or shelf with lock and key for narcotic drugs and psychotropic substances. ✓			
	f. Wall thermometer and hygrometer or thermohydrometer for both storage and dispensing room. ✓			
	g. Ventilator or air conditioner as appropriate. ✓			
	h. Fire extinguisher. ✓	✓		
	i. First aid kit ✓			
	j. Scientific calculator and scissor ✓			
	k. Fixed telephone or mobile phone ✓			
	l. Computer (s) ✗			
	m. Shelves and pallets ✓			
	n. chairs for waiting area ✓			
	o. Reference materials (soft or hard copy latest version), including Martindale, Pharmacology textbooks, Medical dictionary, relevant proclamation, Community pharmacy medicine lists, National standard treatment guideline, National medicine formulary, National good dispensing manuals, ✓			



SN	Requirements	Compliance		
		Yes	NO	NA
7.9.3.	The compounding room is equipped with the following: a. Working bench with upper part made of marble or stainless steel b. Dispensing balance (Analytical balance), c. Mortar and pestle (glass or porcelain) not less than 250ml d. Stainless steel hot water bath (electrical) with four or more openings e. Hot plate (electrical) f. Shaker or stirring rods (glass or plastic) of different length and thickness g. Spatula (stainless steel, plastic, flexible or non-flexible) h. Ointment tile or slab i. Wash bottle j. Funnel (glass or polyethylene) k. Beaker (different sizes) l. Test tubes of different sizes m. Graduated cylinders (different volumes) n. Weighing paper (normal, grease-proof for semi solids) o. Weighing dishes (plastic, aluminum, stainless steel) p. Evaporating dish q. Volumetric flask r. PH meter s. Alcoholometry t. Thermometers u. Purified water v. Disposable gloves and masks w. Labelling and packing materials x. Electrical light or lamp			
7.9.4.	The drug information center (if established) has the following: h. Furniture (shelves, tables, and chairs). i. Telephone line j. Internet access k. Computer and software l. Printers and duplication machine m. Drug databases Reference materials (primary, secondary, and tertiary sources).			

