

## Opioid Dependency Treatment Centre Inspection Form

## **Health Protection Service**

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Premises Details					
Trading Name:	Date:	/ /	Start Time: ar	m/pm	
Premises Address: File No:					
Proprietor/Licensee:					
Opioid Dependency Treatment Licence Number:			Licence Expiry Date:	nce Expiry Date:	
Inspection conducted with:  Position: Proprietor □ Manager □ Person in Charge □ Other □:					
Inspection Type: Scheduled ☐ Follow Up ☐ Complaint ☐ New Licence/Registration ☐ Refurbishment ☐ Other ☐					
The following items are used to determine the compliance with the <i>Medicines, Poisons and Therapeutic Goods Act 2008.</i> ✓ - Satisfactory					
Storage of Opioid Dependency Medicines  Opioid Dependency Treatment Licence Inspection  Compliant opioid dependency medicine storage  Current Opioid Dependency Treatment Licence					
receptacle  Storage receptacle locked on inspection  7 All prescriptions for clients current					
Storage receptacle key/combination appropriately controlled 8 Opioid dependency medicine register up-to-date					
Opioid dependency medicine register stored or premises	9	9 All dispensing pharmacist(s) have undergone training			
5 Appropriate counselling/ dosing facilities					
Medicine, Form and Strength		Safe	Reg.	Diff.	
BUPRENORPHINE  Substant of Italy O. Ama					
Subutex s-l tab 0.4mg Subutex s-l tab 2mg					
Subutex s-I tab 8mg					
BUPRENORPHINE/NALOXONE					
Suboxone s-l filmtab 2mg/0.5mg					
Suboxone s-I filmtab 8mg/2mg					
METHADONE  Discharge For the property 25 to 2 (5 to 1)					
Biodone Forte syrup 25mg/5ml  Methadone Syrup 25mg/5ml					
Wethodone Syrup 25hig/5hii					
Item Nos. Items Requiring Action				Due Date	
	_				
Inspection Result:   Compliant   Non Compliant   Critically Non Compliant   Follow Up Date:/					
Inspector's Name:		Inspector's Signature	: Finish Time:	am/pm	
Received By: Signature:			Date & Time:		