

# Application form – Electronic storage and supply unit for Schedule 8 medicines

September 2022

## Information about this application form

This application form is to be used to apply for an approval to store Schedule 8 (S8) medicines in an **electronic storage and supply unit (ESSU)** at a place other than a hospital under the [Departmental Standard: 'Secure storage of S8 medicines' \(the Standard\)](#) made under the Medicines and Poisons (Medicines) Regulation 2021 (MPMR). An example of a place other than a hospital is a community pharmacy.

### ESSUs

The Standard describes the minimum requirements for an S8 safe under section 197 of the MPMR. **These minimum requirements are specified in Table 2 of the Standard.**

An ESSU (S8 safe) that complies with the Standard will prevent the unauthorised removal of, or interference with, the unit which in turn will minimise the risk of diversion, misuse, and abuse of S8 medicines. When assessing an application and determining whether a place is suitable for an ESSU, the following may be considered:

- Security measures in place, such as alarms, closed circuit television and restricted access;
- The number of persons who have access to the ESSU and desired purpose;
- The type of medicines that will be stored in the ESSU;
- The structural integrity of the ESSU to prevent unauthorised access;
- Measures in place to restrict access to only the persons authorised to possess the S8 medicines
- Procedures in place for safe storage of S8 medicines and recordkeeping.

After receiving an application, an inspector from a Public Health Unit may conduct a site visit to assess the proposed place for the ESSU/s, prior to the chief executive of Queensland Health (or delegate) determining whether to grant an approval.

Note that an ESSU is not a medicine vending machine under section 235 of the MPMR. A *medicine vending machine* is defined as a machine or device that supplies a medicine to a person on the payment of money. Installation of such a machine constitutes an offence.

### How to apply

To apply, submit via email the **attached** application form, accompanied by all supporting documents (certified where required), to:

The Chief Executive, Queensland Health  
c/o Healthcare Approvals and Regulation Unit (HARU)  
[medicines.applications@health.qld.gov.au](mailto:medicines.applications@health.qld.gov.au)

**Privacy statement – please read carefully**

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting your personal information on this form under authority of the *Medicines and Poisons Act 2019*. The information is being collected to ensure that health risks arising from the use of regulated substances are appropriately managed. All personal information will be securely stored and only accessible by Queensland Health. Your personal information will not be disclosed to any other third parties without consent unless the disclosure is authorised or required by law. For information about how Queensland Health protects your personal information or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au/global/privacy](http://www.health.qld.gov.au/global/privacy).

Section 1 – Applicant (entity) details			
<i>Provide details of the legal entity (individual/organisation) seeking the approval</i>			
Type of entity seeking approval		Specify type (if another entity)	
Name of entity (e.g. individual (surname, given names), partnership, company, incorporated association)			
Trading name (if applicable)		ACN (if applicable)	
Entity phone		Entity email	
Postal address		Town/ Suburb	P/C
Contact person	Phone	Email	
Attach a current <b>company extract</b> from the Australian Securities and Investments Commission (ASIC) (if applicable)			
Section 2 – Relevant persons (s76 MPA)			
All applications must include completed <a href="#">Details of relevant person</a> forms (MPA-76) for each of the following:			
1. (a) If the approval is to be issued to a sole trader, the <b>applicant</b> must complete the relevant person form. (b) If the approval is to be issued to a partnership, <b>each partner</b> must complete the relevant person form. (c) If the approval is to be issued to a body corporate, an <b>executive officer</b> (executive director, company secretary, chief executive officer, general manager or chief financial officer) must complete the relevant person form.			
2. Where necessary, a <b>senior person</b> (the person responsible for daily operations at the site e.g. site manager/supervisor) should be nominated and complete the relevant person form.			
Attach completed details of relevant person forms for each person relevant to this application			
Section 3 – Proposed location of ESSU			
<i>Provide details of where it is proposed the ESSU will be located</i>			
Type of premises (e.g. community pharmacy)			
Name of premises			
Street Address		Town /Suburb	P/C
Contact person	Phone	Email	

## Section 4 – Description and security of the ESSU

Provide details of the proposed ESSU and its proposed location, usage, security controls and other measures that demonstrate the unit meets the requirements of the Departmental Standard: 'Secure storage of S8 medicines'. To include additional information, attach further details.  
Please note, applicants **must attach photographic evidence or drawings** relevant to the description of the proposed ESSU and premises security.

### 4.1 ESSU description

Model/description of unit	
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Structural integrity of the S8 safe — (e.g. is the unit floor to ceiling, encased in steel preventing entry from the roof cavity, does the storage unit have smash proof glass). Provide a detailed description (including type and thickness of construction materials):

Please attach drawings or photographs of the storage receptacle

Does the proposed ESSU have an integrated automated input system, either a conveyor belt system or a bulk medicines bin or both?

No	Yes (provide details)
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### 4.2 Location

Describe the layout of the room in which the ESSU is proposed to be installed and the proposed location of the ESSU within the room

Describe the room within the building — (e.g. ground floor of single-story shopping centre, with single external wall) and details of the room/building's construction i.e. wall, floor, roof thickness and construction materials

Attach

Floor plan of premises, identifying location of S8 medicine storage unit.

Identification on plan of where any security measures (e.g. motion sensors, CCTV, barred windows etc.) will be located

Diagram of room location within the building

### 4.3 Usage of the ESSU

Type of medicines proposed to be stored in the ESSU.

Schedule 3	Schedule 8
Schedule 4	Other (please specify)

### 4.4 Access to the ESSU

Persons proposed to have regular access to the ESSU

Pharmacist	Locum Pharmacist
Pharmacy Assistant	Pharmacy Dispensary Technician
Other (please specify)	

Number of persons proposed to have access to the unit:
Proposed procedure to ensure medicines are secure when the unit is being serviced
<b>4.5 Security measures</b>
<i>Security measures which restrict or detect unauthorised access to the medicines stored in the ESSU. Tick all that apply.</i>
Unique access code/password/biometric identifier for each person with access to the S8 safe
Key access for each person with access to the S8 safe
Closed circuit television (CCTV) within the S8 safe
CCTV with visibility of the front and sides of the S8 safe and records retained for at least 35 days
Movement detectors present and monitored
Automatically locks in the event power is disconnected
Back-up power source for CCTV, motion sensors and alarms in the event there is a power outage
Visual, electronic, or audible alerts if safe is left open, damaged, or disconnected from power supply
Built in ability to record and report each episode of access or security breaches i.e. interference with pre-programmed settings (provide detail)
Always personally supervised by an approved person
After-hours security breach notification (Provide detail)
Other security measures in place (please provide further details).

Security measures to minimise the ability to remove the ESSU from the place in which it is proposed to be located.
Weighs more than 350 kgs
Electronic tethering alarm continuously monitored
Other proposed measures to minimise the ability to remove the ESSU from the place (please specify)
Other security measures (e.g. randomised location allocated by the unit when restocking, frequency of stocktake). Please provide a description:
<b>4.6 Governance</b>
Please provide details of procedures in place for the safe storage and record keeping of regulated substances stored in the ESSU.
Provide details of procedures to ensure the regulated substances are safe and suitable for intended use, persons' access will be removed when no longer required, procedures for tracing and accounting for the medicines in the ESSU i.e. stocktake (please specify)
<b>Section 5 – Additional information and attachments</b>
Provide any additional information to support your application
Provide/specify which attachments are attached to support this application:
A current <b>company extract</b> from the Australian Securities and Investments Commission (ASIC)
Details of <b>relevant person forms</b> for each person relevant to the application (e.g. directors, senior persons)
Attach <b>photographic evidence or drawings</b> relevant to the description of the proposed unit and premises security.
Other <b>relevant documents</b> (e.g. security assessment) please specify

**Section 6 – Consent and declaration**

By making this application:

I declare that I have authority to make this application on behalf of the applicant.

I consent to Queensland Health making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or of the Commonwealth, regarding any matters relevant to this application. If relevant information cannot be obtained from other entities, Queensland Health will determine the application on the information available.

I declare that, to the best of my knowledge, all information provided in and with this application form is true and correct in every detail.

I understand that if anything has been stated in this application form, or in an attachment provided with this application, that is false or misleading, any approval granted may be suspended or cancelled.

Full name of applicant or authorised representative  
(where applicant is a body corporate or another entity)

Designation (position) of applicant or authorised  
representative

Signature of applicant or authorised representative (where applicant is a body  
corporate or another entity)

Date (DD/MM/YYYY)