	DOCUMENT NAME	DOCUMENT NUMBER
	REPACKAGING OF MEDICINE CHECKLIST	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

Here is a clear and compliant **Observation Checklist** to assess whether **medicine repackaging** is occurring at the practice, in line with:

- **Medicines and Related Substances Act, 1965**
- **General Regulations 22(4)(d)**
- **Assessment Type:** Observation
- **Risk Rating:** Vital Measure

🚫 Repackaging of Medicines Checklist

Objective: Confirm that medicines are **not being repackaged** on the premises for dispensing purposes, as this is only allowed under specific legal conditions (e.g. by a licensed pharmacist in an approved pharmacy).

📋 Observation Criteria

Observation Point	Compliant (1) / Non-Compliant (0)	Comments
1. No evidence of loose medicines repackaged into non-original containers		
2. All medicines observed are in **original manufacturer packaging** or legally dispensed pharmacy packaging		
3. No tools, containers, or labelling materials indicating repackaging activity		
4. Staff confirm that **no repackaging** is done on-site		

🧮 Scoring Summary

Total Score Max Score Compliance %

4

📌 Regulatory Reference

Medicines and Related Substances Act, 1965 – General Regulations 22(4)(d):
"No person may manipulate or repackage any medicine for sale unless authorised to do so in terms of the Act."

✅ Conclusion

If all criteria score “1”, the practice is compliant. If **any evidence of repackaging** is found, the facility is in **violation of the Act** and must immediately cease such activities and notify the responsible pharmacist or regulatory authority.

	DOCUMENT NAME	DOCUMENT NUMBER
	REPACKAGING OF MEDICINE CHECKLIST	

Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE