



Pharmacists are required to maintain this completed form and original order for two years (for supplies that do not include Schedule 8 medicines) or five years (for any supplies that include Schedule 8 medicines)

Pharmacist must also

- Sign and retain copy of documentation certifying Type and/or Class of vessel
- Sign and retain copy of documentation providing authority to purchase medicines.

1. Type of vessel

- ☐ Australian or Internationally Registered Vessel Name: _____
- ☐ Domestic commercial Vessel Name: _____
- ☐ Racing yacht Name: _____

2. First aid provider (vessel)

First Name: _____ Surname: _____

ID type (passport/drivers licence – retain copy): _____ ID Number: _____

Name of vessel owner OR captain: _____

Address: _____

Vessel registration or Machinery and Hull (M&H) no: _____

3. Details of supply

Date of supply: _____ Written order received (attach original to this form) ☐ Yes

Medicines requested comply with the requirements for the Vessel type and Class/Category:

- ☐ Registered Vessels: [Medical carriage requirements on regulated Australian Vessels](#) or [International Medical Guide for Ships; Quantification Addendum](#)
- ☐ Domestic Commercial Vessels: [National Standard for Commerical Vessels](#)
- ☐ Vessels carrying livestock: [Australian Standards for the Export of Livestock](#)
- ☐ Racing yachts: [Racing Rules of Sailing](#) and [Special Regulations](#)

4. Other verification requirements

Registered Vessels and Domestic Commercial Vessels

Confirm vessel is in port in Western Australia.

Visit the [Fremantle Ports website](#) or the [Department of Transport Port Authorities in Western Australia website](#) (for links to other port authorities) to verify shipping movements.

Racing yachts

Name of yacht club organising race: _____

Sight and confirm proof of entry into and category of yacht race

Sight and retain proof of ownership of yacht

5. Supplier details

Date of supply: _____ Pharmacist name: _____ Pharmacy name: _____

Address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Signature: _____

Pharmacists are reminded to include any Schedule 8 transactions involving vessels on the monthly Schedule 8 return to the Department of Health, including names of first aid provider and vessel.

Enquiries: Tel 9222 6883 Email mprb@health.wa.gov.au

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