



ORDER ON A DRUGGIST
The Merchant Shipping (Medical Stores)
Regulations, 1996

Notes: This form will take an estimated 5 minute to fill in, provided you have the necessary supporting information ready

1. The Certificate in Part II herein should be completed by a registered Pharmacist and produced by the Master to the Director of Marine, Seafarers Management Department when a new Agreement is executed.
2. If the Druggist is unable to replenish fully the medicines and medical stores in accordance with the Regulations, a list of the items not supplied must be shown in Part II and the Master's attention drawn to the matter.
3. This form must be returned to the Master after inspection by the Director of Marine.

PART I: Name and Address of Druggist

Please replenish the medicines and medical stores of the *M.V/M.T _____
(Name of vessel)

in accordance with **Scale *1A, IA/IB, II, III, V** (see annotation below) set out in the First Schedule of The Merchant Shipping (Medical Stores) Regulations, 1996 as applicable to a vessel engaged upon a voyage of *six months duration or / over six months' duration and carrying *not more than 30 persons/over 30 persons.

2 * In addition to the main scale(s) mentioned above, (for vessels carrying chemical as whole or part of her cargo) also replenish the medicines and medical stores set out in **Scale IV** of the First Schedule and Second Schedule of the Merchant Shipping (Medical Stores) Regulations 1996.

Date

Signature of Master/Senior Deck Officer/Owner

PART II: CERTIFICATE

I have examined the medical cabinet and have replenished the medicines and medical stores in accordance with the above instructions.

I certify that the medical cabinet and contents are in a satisfactory condition and that the medicines and medical stores are now in accordance with the current edition of The Merchant Shipping (Medical Stores) Regulations 1996, * except for the items named below, and that the poisons are stored in a separately locked cabinet.

Items Not Supplied

Date

Signature of Registered Pharmacist

PART III: CERTIFICATE INSPECTED

Date: _____ Signature of Director of Marine and Seafarers Management Department Stamp

Scale 1A : Foreign-going ship carrying not more than 30 persons.

Scale IA/1B: Foreign-going ship carrying more than 30 persons.

Scale II : Home-trade voyage

Scale III : Special-limit voyage

Scale V : In addition to the main scale, vessel carrying more than 12 passengers but without a qualified doctor.

* Delete as necessary