



# Oregon

Theodore R. Kulongoski, Governor

**Oregon Board of Pharmacy**  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Phone: 971 / 673-0001  
Fax: 971 / 673-0002

E-mail: [pharmacy.board@state.or.us](mailto:pharmacy.board@state.or.us)  
Web: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

## Quarterly Compliance Audit Form Instructions

### **ATTENTION: PHARMACIST-IN-CHARGE (PIC)**

Oregon law holds the pharmacist-in-charge responsible for ensuring the pharmacy is in compliance with all state and federal laws governing the practice of pharmacy. A pharmacist designated as PIC of more than one pharmacy is required to personally conduct and document a quarterly compliance audit at each location. The quarterly compliance audit is required in addition to completing the annual self inspection report at each location.

Following your audit and completion of the audit form, please review it with your staff pharmacists, technicians and interns, correct any deficiencies noted, sign and date the form, and file it in your Board of Pharmacy Law Book with the PIC Self Inspection Report so it will be readily available to Board Inspectors. **DO NOT MAIL** to the Board office.

The primary objective of this audit, and your self-inspection, is to provide an opportunity to identify and correct areas of non-compliance with state and federal law. (Note: Neither the quarterly compliance audit, the annual self-inspection, nor a Board inspection evaluates your complete compliance with all laws and rules of the practice of pharmacy.) The audit also serves as a necessary document used by Board inspectors during an inspection to evaluate a pharmacy's level of compliance.

When a Board inspector discovers an area of non-compliance they may issue either a Deficiency Notice or a Notice of Non-Compliance. Both require a written response from the PIC. Identifying and correcting an area of non-compliance prior to a Board inspection may eliminate the receipt of a Deficiency Notice/Notice of Non-compliance for that item. Do not assume that you are in compliance with any statement; take the time to personally verify that compliance exists. A situation of non-compliance that "is the way it has been for years" is the current PIC's responsibility to immediately correct to avoid the possibility of a Notice and/or disciplinary action. The Board understands that regulations may sometimes appear confusing and open to different interpretations. If you have any questions, please fax your questions, attention inspectors, prior to an inspection to 971-673-0002.



# Oregon

Theodore R. Kulongoski, Governor

**Oregon Board of Pharmacy**  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Phone: 971 / 673-0001  
Fax: 971 / 673-0002

E-mail: [pharmacy.board@state.or.us](mailto:pharmacy.board@state.or.us)  
Web: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

## **PHARMACIST-IN-CHARGE Quarterly Compliance Audit**

A pharmacist designated as PIC of more than one pharmacy is required to personally conduct and document a quarterly compliance audit at each location. Keep this form with your completed annual PIC Self Inspection Report. **DO NOT MAIL TO THE BOARD OFFICE.**

Date Quarterly audit was performed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_ License # \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Hours Dedicated to PIC Duties at this location: \_\_\_\_\_

Hours Dedicated to Dispensing and other duties at this location: \_\_\_\_\_

In additional to this location, I am the P.I.C. at the following location(s):

Pharmacy: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Hours Dedicated to PIC Duties at this location: \_\_\_\_\_

Hours Dedicated to Dispensing and other duties at this location: \_\_\_\_\_

\*Pharmacy: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Hours Dedicated to PIC Duties at this location: \_\_\_\_\_

Hours Dedicated to Dispensing and other duties at this location: \_\_\_\_\_

\*Attach a copy of your written Board approval if PIC of more than 2 locations.

1. What is the procedure for communicating with staff and addressing staff concerns while you are not on site?
  
2. Were there any dispensing errors that occurred since your last audit?
  - a. Did you review the error(s) with all staff members?
  
  - b. Did you identify the cause of the error(s)?
  
  - c. What steps were taken to prevent this type of error from reoccurring?
  
3. Did you review all controlled substance records and DEA 222 Forms and insure medications are accounted for?
  
4. Did you review and ensure the Drug Outlet Procedure (OAR 855-041-0060(7)) for securing legend drugs and the area in which they are prepared, compounded, stored or repackaged is being followed?
  
5. Did you review and ensure all pharmacists are following the Drug Outlet Procedure for performing mandatory prospective drug utilization reviews is being followed and that technicians do not know pharmacist override codes and are not bypassing DURs?
  
6. Did you review and ensure all pharmacists are following the Drug Outlet Procedure for verifying the accuracy of all completed prescriptions and medical orders before they leave the pharmacy's secured legend area?
  
7. Did you review and ensure all pharmacists are following the Drug Outlet Procedure for documenting the identification of the pharmacist(s) responsible for the verification of each dispensed medication?
  
8. Did you review and ensure all staff is following Drug Outlet Procedure for ensuring the delivery of each completed prescription to the correct party?
  
9. Did you review and ensure a pharmacist/intern is initiating counseling on all new prescriptions (and on refills when appropriate)?
  
10. Attach a copy of Drug Outlet Procedures.

I hereby certify that I have verified this outlet is in compliance with all laws and rules, have read and verified that written polices and procedures reflect current practices, have documented training of technicians, and the answers marked on this report are true and correct.

---

Pharmacist-in-charge Signature

---

License #

---

Date