



Oregon

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2009

**HOSPITAL PHARMACY
PHARMACIST- IN-CHARGE
PHARMACY SELF-INSPECTION REPORT**

ATTENTION: PHARMACIST-IN-CHARGE (PIC)

Oregon law holds the pharmacist-in-charge and all pharmacists on duty responsible for ensuring pharmacy compliance with all state and federal laws governing the practice of pharmacy. Failure to complete this report by February 1st/within 15 days of becoming PIC (as required by OAR 855-019-0300) may result in disciplinary action.

Following your self-inspection and completion of the report, please review it with your staff pharmacists, technicians and interns, correct any deficiencies noted, sign and date the report, and file it in your Board of Pharmacy Law Book so it will be readily available to Board inspectors. **DO NOT MAIL** to the Board office.

The primary objective of this report, 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 self-inspection nor a Board inspection evaluates your complete compliance with all laws and rules of the practice of pharmacy.) The inspection report 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. If you have any questions, please fax your questions, attention inspectors, prior to an inspection to 971-673-0002.

The most common reason for issuing a Deficiency Notice is either not having or not being able to readily retrieve required documents and records. Because Board inspections are unscheduled, it is common for the PIC to be absent or unavailable. For this reason, you are asked to provide a list of the locations of required documents. Having all required documents and records maintained in a well-organized and readily retrievable manner (a binder is recommended) dramatically reduces the chance that you will receive a Deficiency Notice.

By answering the questions and referencing the appropriate laws/rules/CFR provided, you can determine whether you are compliant with many of the rules and regulations. If you have corrected any deficiencies, please write corrected and the date of correction by the appropriate question.

A PIC training course is now being offered at the Board office. Check the Board website for dates.

THE OREGON BOARD OF PHARMACY INTERNET LAW EXAM TO OBTAIN ONE C.E. OF CREDIT WILL BE AVAILABLE AT WWW.PHARMACY.STATE.OR.US FROM 1/5/2009 THROUGH 5/22/2009.

**2009 PHARMACIST-IN-CHARGE
HOSPITAL PHARMACY SELF-INSPECTION REPORT
OREGON BOARD OF PHARMACY**

TEL: 971-673-0001 FAX: 971-673-0002

www.pharmacy.state.or.us

All PICs of hospital pharmacies MUST complete and sign this inspection report and have it available for inspection within 15 days of becoming PIC/by 2/1/2009 (as required by OAR 855-019-0300). DO NOT MAIL TO THE BOARD OFFICE.

Date PIC Inspection was performed: ____ / ____ / ____

Signature of PIC: _____

Print Name & Lic. #. _____

Pharmacy: _____ Telephone: _____ Fax: _____

Address: _____ DEA #: _____; Exp: ____ / ____ / ____

Institutional Outlet Cert #: _____ Retail Outlet Cert #: _____ Nonprescription Cert #: _____

Inspector Signature: _____

Date: _____ Deficiency Notice: _____

Comments: _____

CAREFULLY CONFIRM WHETHER OR NOT YOU ARE COMPLIANT AND MARK THE APPROPRIATE BOX TO THE LEFT OF EACH ITEM. IF YOU FIND ITEMS THAT NEED CORRECTING, RECTIFY THE DEFICIENCY AND WRITE THE DATE OF CORRECTION AND THEN MARK THE "YES" BOX. DO NOT MARK 'YES' UNLESS THE ANSWER IS 'YES. NOTE: THE CORRECT ANSWER TO SOME QUESTIONS IS 'NO'.

Where are the following items located inside the pharmacy (be as specific as possible, there can be many filing cabinets and binders)?

Current Oregon Laws & Rules and Newsletters: _____

PIC Inspection Reports for the last 3 years: _____

QA plan/documents: _____

Current written annual controlled substance inventory: _____

Current technician procedures: _____

Technician training documents: _____

Current written Drug Outlet Procedures: _____

Schedule II Invoices for the last 3 years: _____

Schedule III-V Invoices for the last 3 years: _____

Completed CII order forms (DEA form 222) for last 3 years: _____

Perpetual Schedule II inventory and reconciliation: _____

- | <u>Yes</u> | <u>No or
Needs
Correcting</u> | |
|--------------------------|---------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is this hospital JCAHO accredited? Date of last JCAHO inspection: ___/___/___ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Were there any recommendations for pharmacy? If yes, please attach a copy of JCAHO's recommendations. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you verified the wholesaler you purchase medication from is registered in Oregon? You may verify licenses and registrations on the Board website www.pharmacy.state.or.us .
Name of primary and secondary wholesaler(s) and registration number:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does this pharmacy utilize the services of a central fill pharmacy? If yes, attach a copy of outlet's Board registration. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has this pharmacy been granted any exceptions by the Board or DEA to any laws or rules? If yes, please attach a copy to this report. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does this pharmacy share a real-time common database with other pharmacies? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. All licensees have signed page 2 certifying their review of this report and corresponding documents and procedures and are aware that they are required to cooperate with the Board (OAR 855-001-0035) and assist in locating information during an inspection? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you PIC of more than one location? If so, are you completing the required quarterly compliance audit?
If yes, where is the quarterly compliance audit kept? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you compound Category 2 through 5 products?
If Yes, download and complete the additional inspection form for compounding in addition to this form. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are any prescriptions dispensed from this pharmacy to outpatients such as take-home prescriptions for discharged inpatients, relabeled medications for take home,(i.e. topicals, inhalers), ER patients (ER pre-packs), employees, hospice patients, etc.? (Note: If you answer yes, this pharmacy also needs to be registered as a retail drug outlet and you will need to complete the retail pharmacy inspection form). Retail Drug Outlet
Cert#_____ |

Drug Outlet Procedures

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. OAR 855-041-0060(7) Are your drug outlet procedures current, compliant with Oregon laws and rules? Date you reviewed procedure: |
|--------------------------|--------------------------|---|

How do you ensure staff is following procedures:

Drug Outlet Procedures (please list location of the following)

Policy # _____: Securing legend drugs and the area in which they are prepared, compounded, stored or repackaged;

Policy # _____: Performing mandatory prospective drug utilization reviews;

Policy # _____: Verifying the accuracy of all completed prescriptions and medical orders before they leave the pharmacy's secured legend area;

Policy # _____: Documenting the identification of the pharmacist(s) responsible for the verification of each dispensed medication;

Policy # _____: Ensuring the delivery of each completed prescription to the correct party;

Policy # _____: Providing appropriate confidential professional advice concerning medications to patients or their agents;

Policy # _____: Ensuring that all who work in the pharmacy are appropriately registered and adequately trained to perform their duties.

Yes
No or
Needs
Correcting

Collaborative Drug Therapy Management (CDTM)

12. OAR 855-019-0260 Do any of your pharmacists engage in CDTM?
If yes, list the protocols: _____
13. OAR 855-019-0260(3) Are the written protocols kept on file in the pharmacy and available for review? Location: _____
14. OAR 855-019-0260(2) Has each protocol been reviewed at least every two years?
15. OAR 855-019-0260(2) Are the protocols signed by the authorizing physician(s)? Describe the method used by individual practitioners to authorize pharmacists to participate in collaborative drug therapy:

Technicians

16. OAR 855-041-0025(1) Do you have technicians working in the hospital before the arrival of the pharmacist? Note: Technicians may not be performing technician functions without the supervision of a pharmacist.
17. OAR 855-025-0025(5) Have you reviewed the technician procedures annually and do they reflect your current practice? When did you last review the technician procedures. _____
18. OAR 855-025-0025(6) Do you have documentation of original and any in-service training for all your technicians and are they in the pharmacy and available for inspection?
19. OAR 855-025-0025(5) Do technicians know what duties/tasks they may perform and the method of pharmacist documentation and verification of technician work?
20. OAR 855-025-0025(4) Does a pharmacist verify all work performed by technicians and document this verification?

Minimal Equipment

21. OAR 855-041-0025(2) Is the pharmacy (including refrigerator, sink, counting trays, floor, and automated dispensing machines) kept clean?
22. OAR 855-041-0040(1-2) Do you have the most current electronic (**E**) or hard copy issue (**HC**) with supplements of the following (CIRCLE WHICH APPLIES):
- Pharmaceutical reference; **E AND/OR HC** Name of reference: _____
 - Current Oregon Revised Statutes (Chapters 689 and 475) and Current Oregon Administrative Rules (Chapter 855); **E AND/OR HC**
 - Board of Pharmacy quarterly newsletters (for the past 3 years). **E AND/OR HC**
23. If you are using an electronic version of any of the above, can your staff (including relief staff) access it at any time?
24. OAR 855-025-0025(3) Are your Pharmacists, interns and technicians clearly identified as such to the public?
25. ORS 689.615 Are your current pharmacy license(s), DEA registration, pharmacist license(s), intern license(s), preceptor license(s) and technician license(s) posted?
26. OAR 855-041-0036 Have you quarantined all out-dated medications (both prescription and OTC)?
Where are they stored?

Yes
No or
Needs
Correcting

Controlled Substances

27. OAR 855-080-0070 Did you take your Controlled Substance (CII-V) Inventory on one day, within 12 months (365 days) of your last inventory? Date of your last CII-CV Inventory: ____/____/____.
28. 21 CFR 1304.11 Did you note on the inventory if it was taken before opening or after closing? Inventory may NOT be taken throughout the day.
29. OAR 855-041-0130(12) Are you performing a monthly audit and inventory reconciliation of all Schedule II controlled drugs?
Note: Inventory must be reconciled and significant losses investigated and reported on a DEA 106 form to the Board and the DEA.
30. 21 CFR 1304.04 Is your annual CII inventory filed separately from your CIII-CV inventory and are your CII invoices and prescriptions filed separately from other prescriptions and invoices?
31. 21 CFR 1305.13(e) Are all lines of DEA 222 order forms filled out completely with receiving dates and quantity received?
32. OAR 855-041-0130(12)(e) Are all schedule II drugs in the pharmacy department stored in a locked cabinet/room? Who has keys to locked cabinet or room where CIIs are stored?

33. OAR 855-041-0130(12)(c) Are schedule II drugs stored as floor stock in patient care areas controlled by a perpetual inventory count and reconciled at least once every 24 hours when the department or nursing unit is open? If you use dispensing cabinets are the CII drugs reconciled with each use (blind counts)?
34. OAR 855-041-0130(12)(d) Are random proof of use audits for the use of schedule II floor stock drugs conducted at least quarterly? If you use a dispensing cabinet do you use computer monitoring software to detect drug diversion? Name of software:

Security

35. OAR 855-041-0026(3) When no pharmacist is present in the pharmacy department (but present in the hospital), is the pharmacy department secured to prevent entry by unauthorized personnel?
36. Are ALL keys, codes to lockboxes, and codes to the pharmacy in the possession of an Oregon licensed pharmacist only?
Note: Technicians, Supervisors, Managers, Owners who are not Oregon licensed pharmacists may not have keys/codes/electronic swipe cards permitting access to the pharmacy department when the pharmacist is not present. If entry may be gained by electronic means (key pad, swipe card) how does the pharmacist prevent entry by non-Oregon licensed pharmacist (i.e. deadbolt)? _____
37. Does your security system restrict access to the pharmacy department to only Oregon licensed pharmacist(s) and only one designated nurse supervisor during times when a pharmacist is not in the hospital?
38. Are keys and/or key cards which are used for access to the pharmacy made or distributed by anyone other than a pharmacist?

Yes
No or Needs Correcting
 N/A

Coverage After Closing

(Complete this section if your department does not have 24-hour pharmacist coverage)

39. Does your pharmacy have a pharmacist on site 24-hours a day?
 Please indicate the system(s) you use to provide medications when pharmacy services are unavailable.
 Night cabinet OAR 855-041-0120(2).
 One registered nurse supervisor with access to pharmacy OAR 855-041-0120(3).
 Other: _____
40. Is anyone other than a pharmacist allowed to enter the pharmacy department during hours when pharmacy services are not available and prepare emergency medications for outpatients to self administer when they leave the hospital? Who? _____
41. OAR 855-041-0120(3) Is there documentation of nurse supervisor training?
42. OAR 855-041-0120(3) Is there documentation of pharmacist verification of after hours filling of orders by nurse supervisors?

Records and Drug Distribution

43. OAR 855-041-0130(14) Do you maintain patient records/profiles for all inpatients in the hospital and are they readily retrievable for 3 years?
44. OAR 855-041-0130(6) When the pharmacy is open are all orders for drugs reviewed by a pharmacist prior to the initial dose being dispensed?
45. Are all drug orders dispensed in emergencies and when pharmacy services are not available, reviewed by a pharmacist as soon as possible? When does the pharmacist review? _____
46. OAR 855-041-0130(6) Is the accuracy of transcription of orders documented by verifying pharmacists?
47. OAR 855-019-0200 Is the accuracy of medications dispensed, patient and non-patient specific, documented by verifying pharmacists?
48. OAR 855-041-0130(9) Do you maintain a written list of all floor stock drugs and kits by unit (eg anesthesia tray, intubation kits). Does this list include location of the stock, name of each drug, strength, quantity? Is this list readily retrievable?
 Location of master lists: _____
49. OAR 855-041-0130(8) Are floor stock medications, including those from automated dispensing machines, monitored for appropriate usage?
50. OAR 855-041-0130(3) Are all areas of the hospital where drugs are stored inspected at least every two months to verify:
- Proper drug storage;
 - Documentation of distribution and administration of controlled substances;
 - Absence of outdated drugs; and
 - The integrity of the emergency drug supply.
51. OAR 855-041-0056 Have you labeled drugs that are prepackaged for use at a later time with the following information?
- Brand name, or generic name & manufacturer;
 - Strength;
 - Lot number;
 - Expiration date; or
 - An internal control number which references the manufacturer and lot number used.

Yes **No or
Needs
Correcting**

Emergency Kits (Crash Cart Medications)

52. OAR 855-041-0120(5) Are all emergency kit drugs verified by a pharmacist?
Is a list of all drugs (identity and quantity) included in each type of kit maintained and is this list reviewed annually by the appropriate medical staff committee?
What was the date of the last review? _____
Where is the list kept? _____
53. Are the emergency kits checked by a pharmacist prior to being sent to the other departments?
54. Are emergency drug kits stored in areas to prevent unauthorized access?
55. Are all emergency drug kits tamper evident? Is there a method for determining if an emergency kit has been opened?
56. Are all drugs included in an emergency kit labeled with brand name or generic name and manufacturer, strength, lot number, and expiration date? An internal code which centrally references manufacturer and lot number can be utilized.
Is the exterior of emergency drug kits labeled clearly to indicate:
- It is an emergency drug kit for use in emergencies only;
 - A list of the name, strength and quantity of all the drugs contained therein; and
 - The earliest expiration date of any drug contained in the kit.
 - If the emergency drug kit is placed in a code cart, the earliest expiration date of any drug contained in the kit must be posted on the exterior of the code cart.
57. **Sterile Parenteral Products**
Download additional inspection form for compounding
58. **Retail registration** **Note: If you answer yes to any of the following questions you MUST have a retail pharmacy registration and complete the retail inspection report on the following pages.**
Do you do any of the follow:
Provide ER take home medications
Relabel any inpatient medications to be taken home by the patient (i.e. inhalers, ointments, ophthalmics)
Dispense patients discharge medications
Dispense employee prescriptions

This completes the Hospital portion of the Pharmacist-In-Charge Inspection Report. If there is a separate Retail Pharmacy located within the Hospital, it is necessary to for that Retail Pharmacy to complete a Retail PIC Self-Inspection form.

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

**2009 PHARMACIST-IN-CHARGE
INSPECTION REPORT FOR RETAIL DRUG OUTLETS LOCATED WITHIN HOSPITAL PHARMACIES
OREGON BOARD OF PHARMACY**

TEL: 971-673-0001 FAX: 971-673-0002

PLEASE NOTE: COMPLETE THE FOLLOWING IF YOU HAVE A RETAIL DRUG OUTLET REGISTRATION FOR AN OUTPATIENT PHARMACY LOCATED WITHIN THE HOSPITAL PHARMACY DEPARTMENT. DO NOT USE THIS FORM IF YOU HAVE A RETAIL DRUG OUTLET LOCATED IN ANY AREA THAT IS OUTSIDE THE PHYSICAL CONFINES OF THE HOSPITAL PHARMACY DEPARTMENT. IF THE PHARMACY PREPARES ER DISCHARGE MEDICATIONS, RELABELS PATIENT MEDICATIONS TO TAKE HOME, FILLS EMPLOYEE PRESCRIPTIONS OR DISPENSES DISCHARGE MEDICATIONS TO PATIENTS, THE PHARMACY MUST HAVE A RETAIL REGISTRATION.

Pharmacy: _____ Tel: _____

Address: _____

DEA #: _____; Exp: ____/____/____ Retail Drug Outlet Cert #: _____ Hours: _____

- | <u>Yes</u> | <u>No or
Needs
Correcting</u> | |
|--|---------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 59. Has this pharmacy been granted any exceptions by the Board or DEA to any laws or rules? If yes, please attach a copy to this report. |
| <input type="checkbox"/> | <input type="checkbox"/> | 60. Please indicate the types of prescriptions dispensed from this retail drug outlet:
Take-home prescriptions for discharged inpatients.
Take-home prescriptions for emergency room patients.
Employee prescriptions.
Staff physicians (non-employees).
Prescriptions for hospice patients.
Walk-in customer prescriptions (emergency only).
Other (please specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 61. Does your retail pharmacy sell legend drugs or controlled substances to practitioners intended for office use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 62. OAR 855-041-0060(7) Are your written drug outlet procedures, technician procedures, and sterile parenteral procedures developed for your institutional drug outlet applicable to your retail drug outlet? (If yes, it is not necessary to develop additional procedures for your retail outlet). |
| <u>Emergency Outpatient Medications</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 63. OAR 855-041-0120(4). Are all emergency outpatient prepackaged prescriptions <u>verified by a pharmacist</u> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 64. Are the emergency outpatient prescriptions labeled with the name, address, and telephone number of the hospital, name of drug, strength, number of units, manufacturer or distributor for generics without brand names, accessory cautionary information, product identification label OAR 855-041-0065(6)(k) and an expiration date? |
| <input type="checkbox"/> | <input type="checkbox"/> | 65. Is the quantity of emergency outpatient medications limited by policy and procedures? |
| <input type="checkbox"/> | <input type="checkbox"/> | 66. Is <u>written</u> drug information provided by pharmacy? |
| <input type="checkbox"/> | <input type="checkbox"/> | 67. Are the original written orders for emergency outpatient medications complete with name, strength, quantity of medication dispensed and directions for use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 68. Does the original written order for controlled substance have the prescriber's signature and DEA number, facility address and the patient's address in accordance with federal regulations?
<u>Note:</u> This must be on the paper prescription not just in the computer. |
| <input type="checkbox"/> | <input type="checkbox"/> | 69. Are the original written orders for emergency outpatient medications verified by a pharmacist, initialed, dated and filed separately from other prescriptions, and in accordance to CFR regulations for three years? Where are they filed?

_____ |

- | <u>Yes</u> | <u>No or
Needs
Correcting</u> | |
|--------------------------|---------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 70. Does the nurse supervisor label the container for emergency outpatient prescriptions with the following: name of patient, directions for use, date, identifying number, name of prescribing practitioner, and the initials of the nurse supervisor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 71. OAR 855-041-0065(6) Do your labels have the <u>physical description</u> of the medication and the <u>imprint code</u> ? (Note: Drugs dispensed in <u>manufacturer's unit dose</u> or <u>manufacturer's unit of use packaging</u> is exempt from this rule). |
| <input type="checkbox"/> | <input type="checkbox"/> | 72. <u>Minimum Equipment</u>
ORS 689.515(4) Do you have a sign easily seen by patrons at the counter stating, "THIS PHARMACY MAY BE ABLE TO SUBSTITUTE A LESS EXPENSIVE DRUG WHICH IS THERAPEUTICALLY EQUIVALENT TO THE ONE PRESCRIBED BY YOUR DOCTOR UNLESS YOU DO NOT APPROVE"? |
| <input type="checkbox"/> | <input type="checkbox"/> | 73. <u>Controlled Substances</u>
21 CFR 1306.05 Do your CII-V hardcopy prescriptions contain the following information? (Note: DEA requires this information to be on all hardcopy prescriptions, discharge prescriptions, employee prescriptions and emergency night packs).
<ul style="list-style-type: none"> • Date when filled; • Patient's name and address; • Prescriber's name, DEA number and address; and • Name of drug, strength and quantity; when a generic drug is used, the manufacturer or distributor must be identified. CII prescriptions |
| <input type="checkbox"/> | <input type="checkbox"/> | 74. 21 CFR 1306.11 Are all faxed CII prescriptions for patients in Long-term care facilities, Community-based care facilities, Hospice or Home Infusion patients manually signed by the prescriber PRIOR to dispensing? Are CII prescriptions faxed to the pharmacy for hospice patients identified as such by documenting "hospice patient" on the prescription? |
| <input type="checkbox"/> | <input type="checkbox"/> | 75. 21 CFR 1306.13 Are all partially dispensed CII prescriptions (Note: valid for up to a maximum of 60 days) documented with the following?
<ul style="list-style-type: none"> • "LTCHF patient" or "terminally ill"; • Date of partial filling; • Quantity dispensed; • Remaining quantity authorized to be dispensed; and • Identification of the dispensing pharmacist. |
| <input type="checkbox"/> | <input type="checkbox"/> | 76. <u>Telephone prescriptions</u>
OAR 855-041-0065 When a prescription for a retail patient is transmitted orally by phone is the receiving pharmacist's name or initials and the name of the person transmitting noted on the prescription? |
| <input type="checkbox"/> | <input type="checkbox"/> | 77. <u>Records</u>
OAR 855-041-0060 & OAR 855-041-0065(4) Are your prescription records on site and are they readily retrievable for 3 years from last activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 78. OAR 855-019-0220 Do you maintain retail patient records/profiles and are they readily retrievable for 3 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 79. <u>Labeling</u>
ORS 689.765(6) & OAR 855-041-0065(6)(e) When you dispense a drug that does not have a brand name, does the manufacturer/distributor or NDC number appear on the prescription and the label? |
| <input type="checkbox"/> | <input type="checkbox"/> | 80. OAR 855-041-0065(6)(k) Do your out-patient labels meet the retail requirement to contain the physical description of the medication and the imprint code? (Note: Drugs dispensed in manufacturer's unit dose or manufacturer's unit of use packaging (inhalers, creams, ophthalmics etc.) are exempt from this rule. This does not include unit dose medications repackaged by the pharmacy department.)
Are you educating the patient on how to use this feature? Please circle: YES NO |

<u>Yes</u>	<u>No or Needs Correcting</u>	
<input type="checkbox"/>	<input type="checkbox"/>	81. <u>Counseling</u> OAR 855-019-0230 and OAR 855-001-0040 Is the pharmacist/intern documenting whether counseling is provided or declined on new prescriptions and refills that require counseling? (Specify if counseling is provided or declined.)
<input type="checkbox"/>	<input type="checkbox"/>	82. Please explain the method used in your pharmacy to identify prescriptions that require counseling:
<input type="checkbox"/>	<input type="checkbox"/>	83. OAR 855-019-0230 Do pharmacists provide verbal counseling on all new or discharge prescriptions dispensed from your retail drug outlet? If not, please explain:

I hereby certify that I have verified this outlet is in compliance with all laws and rules, have read and verified that written policies 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