



# Oregon

Theodore R. Kulongoski, Governor

**Oregon Board of Pharmacy**  
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## **READ THIS PAGE CAREFULLY**

### **2009**

#### **RETAIL AND LONG TERM CARE 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 1<sup>st</sup>/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](http://WWW.PHARMACY.STATE.OR.US) FROM 1/5/2009 THROUGH 5/22/2009.**

**PHARMACY PERSONNEL—KEEP CURRENT THROUGHOUT THE YEAR AS NEEDED**

Record name, license type (Pharmacist, Intern, Technician), license number, and status (current or expired).

Have each licensee review this inspection form, corresponding documents and procedures, and be prepared to assist in locating information during an inspection and sign below certifying their review.

Please check the box next to the technicians name to indicate you have verified that you have documentation of individual's technician training available for Board inspection.

<u>NAME</u>	<u>LICENSE TYPE &amp; #</u>	<u>STATUS (current/exp)</u>	<u>LICENSEE'S SIGNATURE</u>
<input type="checkbox"/>	_____	_____	_____
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<input type="checkbox"/>	_____	_____	_____

**2009 PHARMACIST-IN-CHARGE  
PHARMACY SELF-INSPECTION REPORT  
 OREGON BOARD OF PHARMACY  
 TEL: 971-673-0001 FAX: 971-673-0002  
 www.pharmacy.state.or.us**

**All PICs of Retail, Compounding, Home Infusion, and Long-Term Care 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. #: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Deficiency Notice: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Address: \_\_\_\_\_ DEA #: \_\_\_\_\_; Exp: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Retail Outlet Cert #: \_\_\_\_\_ Institutional Outlet Cert #: \_\_\_\_\_ Nonprescription Drug Outlet Cert #: \_\_\_\_\_

**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'.**

<b>Yes</b>	<b>No or Needs <u>Correcting</u></b>
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- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you a retail pharmacy, compounding, home infusion, or a long term care pharmacy? This is <b>not</b> the self inspection report for a hospital or nuclear pharmacy.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you compound Category 2 through 5 products?<br>If Yes, download and complete the additional inspection form for compounding in addition to this form.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you PIC of more than one location? If so, are you completing the required quarterly compliance audit?<br>If yes, where is the quarterly compliance audit kept? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has this pharmacy been granted any exceptions by the Board or DEA to any laws or rules?<br>If yes, please attach a copy. Please note that rule changes may invalidate an old waiver.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. 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"/> | 6. Have you verified the wholesaler you purchase medication from is registered in Oregon? You may verify licenses and registrations on the Board website <a href="http://www.pharmacy.state.or.us">www.pharmacy.state.or.us</a> .<br>Name of primary and secondary wholesaler(s) and registration number:<br>_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you go to the last page, write where your PIC Self-Inspection Report and Law Book are located, and hang this slip next to the outlet's registration on the wall in the pharmacy?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. 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?   |

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: \_\_\_\_\_

Quarterly Schedule II reconciliation: \_\_\_\_\_

Vaccine administration records: \_\_\_\_\_

<u>Yes</u>	<u>No or Needs Correcting</u>	<u>Minimum Equipment, Procedures, and Records</u>
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9. OAR 855-041-0060(7) Are your drug outlet procedures current, compliant with Oregon laws and rules, and do they reflect the practice at your outlet? (Note: includes corporate procedures). <ul style="list-style-type: none"><li>• Date you reviewed procedures: _____</li><li>• Date you reviewed procedures with staff: _____</li><li>• How do you ensure staff is following procedures: _____</li></ul> <p>Drug Outlet Procedures</p> <ul style="list-style-type: none"><li>• Securing legend drugs and the area in which they are prepared, compounded, stored or repackaged;</li><li>• Performing mandatory prospective drug utilization reviews (Note: includes refills, cash patients, etc.);</li><li>• Verifying the accuracy of all completed prescriptions and medical orders before they leave the pharmacy's secured legend area;</li><li>• Documenting the identification of the pharmacist(s) responsible for the verification of each dispensed medication;</li><li>• Ensuring the delivery of each completed prescription to the correct party;</li><li>• Providing appropriate confidential professional advice concerning medications to patients or their agents;</li><li>• Ensuring that all who work in the pharmacy are appropriately registered and adequately trained to perform their duties.</li></ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. OAR 855-041-0025(2) Is the pharmacy (including refrigerator, sink, counting trays, and automated dispensing machines) kept clean?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. 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): <ul style="list-style-type: none"><li>• Pharmaceutical reference; <b>E AND/OR HC</b> Name of reference: _____</li><li>• Current Oregon Revised Statutes (Chapters 689 and 475) and Current Oregon Administrative Rules (Chapter 855); <b>E AND/OR HC</b></li><li>• Board of Pharmacy quarterly newsletters (for the past 3 years). <b>E AND/OR HC</b></li></ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. If you are using an electronic version of any of the above, can your staff (including relief staff) access it at any time?  |

- | <u>Yes</u>                          | <u>No or<br/>Needs<br/>Correcting</u> |  |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>              | 13. ORS 689.615 Are your <u>current</u> pharmacy license(s), DEA registration, pharmacist license(s), intern license(s), preceptor license(s) and technician license(s) posted?  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 14. OAR 855-041-0036 Have you quarantined all out-dated medications (both prescription and OTC)? Where are they stored? _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 15. Are you mailing prescriptions to residents of a state other than Oregon? Have you obtained a license in that state, if required?   |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 16. OAR 855-019-0300(5)(g) Have you implemented a quality assurance plan for the pharmacy?   |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 17. Do you sell medications to doctors? Where are invoices: _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 18. ORS 689.508 & OAR 855-041-0060 Are your prescription records on site and readily retrievable for 3 years?  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 19. OAR 855-041-0065 Is the identity of the responsible pharmacist documented for all prescriptions (new, refill, emergency supply, and fill on arrival balances)?   |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 20. OAR 855-041-0065(2) When verbal refill authority is given (i.e. refill OKs), have you documented the name of the authorizing prescriber/prescriber's agent. When refill authority is given via fax do you have documentation of where fax originated? (Note: This includes "cycle fill" or "automatic refill" authorization.)  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 21. OAR 855-041-0065(6)(k) Do your labels have the physical description of the medication?<br>Note: This includes labeling liquid and compounded medications with their physical description (i.e. color)?   |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 22. OAR 855-041-0056 Have you labeled drugs (including Scriptpro®, Baker Cell®, etc.,) that are prepackaged for use at a later time with the following information: <ul style="list-style-type: none"> <li>• Brand name, or generic name &amp; manufacturer; strength; lot number; expiration date; or an internal control number which references the manufacturer and lot number used.</li> <li>• If a technician loads the machine, is a pharmacist verifying technician's work?</li> </ul> |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 23. OAR 855-041-0065 Are you verifying the expiration date on the prescription label is not longer than the expiration date on the stock container?  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 24. OAR 855-019-0210, OAR 855-041-0065 & 855-041-0085 Have you verified that all pharmacists at your outlet are noting – the date prescription is received and their name or initials and the name of the person transmitting the telephone prescription? Note: this includes, documenting 'per prescriber' (or something similar) if the prescriber calls in a prescription. <i>Note: Technicians may NOT transcribe from voicemail.</i>  |
| <b><u>Controlled Substances</u></b> |                                       |  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 25. 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: ____/____/ ____.   |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 26. 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. Did you take your inventory AFTER CLOSING or BEFORE OPENING (please circle one)?  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 27. OAR 855-019-0300(5) Are you performing a quarterly 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.   |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 28. 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?   |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 29. 21 CFR 1305.13(e) Are <u>all lines</u> of DEA 222 order forms filled out completely with receiving dates and quantity received?  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 30. 21 CFR 1306.11 & OAR 855-041-0145 Are all faxed CII prescriptions for patients in Long-term care or Community-based care facilities, Hospice or Home Infusion manually signed by the prescriber <u>PRIOR</u> to dispensing?  |
| <input type="checkbox"/>            | <input type="checkbox"/>              | 31. 21 CFR 1306.05 Do your CII-V hard copy prescriptions contain the following information: date when filled, patient's name and address, prescriber's DEA number and address, and name of drug, strength and quantity. (Note: DEA requires this information on each original hard copy)   |

<b>Yes</b>	<b>No or Needs Correcting</b>	
<input type="checkbox"/>	<input type="checkbox"/>	32. 21 CFR 1301.75 Are your CII controlled substances stored in a securely locked, substantially constructed cabinet or dispersed throughout the stock of non-controlled substances?
<input type="checkbox"/>	<input type="checkbox"/>	33. 21 CFR 1305.22(g) When electronically ordering and receiving CII's, are you documenting the date and quantity received for each item and can you retrieve this information at the time of inspection?
<input type="checkbox"/>	N/A <input type="checkbox"/>	34. 21 CFR 1306.13(b)
	<input type="checkbox"/>	Are all partially dispensed CII prescriptions/orders for terminally ill patients or patients in a long-term care facility documented with the following? (Note: Valid for a period not to exceed 60 days from <u>issue</u> date).
	N/A <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• "LTCF patient" or "terminally ill"</li> <li>• Date(s) of partial filling.</li> <li>• Quantity dispensed.</li> <li>• Remaining quantity authorized to be dispensed.</li> <li>• Identification of the dispensing pharmacist.</li> </ul>
<b><u>Security</u></b>		
<input type="checkbox"/>	<input type="checkbox"/>	35. OAR 855-041-0025(1) and OAR 855-041-0026(3) When no pharmacist is physically present in the pharmacy or institutional facility (i.e. when the pharmacist leaves the building), is the pharmacy/prescription area (including pharmacy records and computers) secured to prevent entry?
<input type="checkbox"/>	<input type="checkbox"/>	36. Are <u>ALL</u> 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)? _____
<input type="checkbox"/>	<input type="checkbox"/>	37. Do technicians process/receive prescriptions before a pharmacist arrives or after the pharmacist leaves?
<input type="checkbox"/>	<input type="checkbox"/>	38. Are technicians able to access pharmacy records/computer before pharmacist arrives or after pharmacist leaves?
<b><u>Technicians</u></b>		
<input type="checkbox"/>	<input type="checkbox"/>	39. OAR 855-025-0025(3) Are your Pharmacists, interns and technicians <u>clearly identified</u> as such to the public?
<input type="checkbox"/>	<input type="checkbox"/>	40. 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?
<input type="checkbox"/>	<input type="checkbox"/>	41. Does a pharmacist verify all work performed by technicians and document this verification?
<b><u>Drug Utilization Reviews and Counseling</u></b>		
<input type="checkbox"/>	<input type="checkbox"/>	42. OAR 855-019-0220 Is a pharmacist (not just computer) performing a drug utilization review on prescription refills? a. Is the pharmacist filling prescription in context based off of directions for use and quantity dispensed? b. When a prescription is "refill too soon" does the pharmacist ask the patient why or fill as cash without question/reason? c. When in dispensing process does pharmacist evaluate usage? Is it different for cash patients?
<input type="checkbox"/>	<input type="checkbox"/>	43. Do the technicians have the pharmacist's password for overriding a DUR?
<input type="checkbox"/>	<input type="checkbox"/>	44. Does computer have a hard halt for <u>all</u> levels of DUR alerts?
<input type="checkbox"/>	<input type="checkbox"/>	45. OAR 855-019-0220 Is the pharmacist making an effort in obtaining, recording, and maintaining the patient's <u>chronic medical conditions</u> and allergies?
<input type="checkbox"/>	<input type="checkbox"/>	46. 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.)

**Yes**      **No or  
Needs  
Correcting**

N/A

**Vaccine administration**

- 47. Are any of your R.Ph.'s administering vaccines?  
Attach a copy of CPR card and documentation of training OAR 855-019-0290(3).
- 48. OAR 855-019-0270 Do you monitor and log storage temperature of vaccines?  
Where is this kept? \_\_\_\_\_  
Do you have a process in place to ensure products are unadulterated if (or when) temperature falls out of storage range? \_\_\_\_\_
- 49. OAR 855-019-0280(2) How do you dispose of used or contaminated equipment and supplies and does it match your written procedures? \_\_\_\_\_
- 50. OAR 855-019-0270(4) Does the pharmacist have this year's HARDCOPY edition of the CDC reference, 'Epidemiology and Prevention of Vaccine-Preventable Diseases' or access to it ONLINE (circle one).
- 51. OAR 855-019-0280(3) Is the appropriate Vaccine Information Statement given to the patient or legal representative? Does the pharmacist ensure that the information was read and all questions are answered before administration?
- 52. OAR 855-019-0290 Is the pharmacist documenting notification of the patient's primary care provider within fourteen days of the date of administration? Documentation includes, but is not limited to: date of administration, site of administration, dose, lot number, expiration date of vaccine, date reported to PCP. How are you documenting the date reported? \_\_\_\_\_
- 53. OAR 855-041-0056 Are syringes that you pre-draw labeled with the required information?

N/A

**Long Term Care/Community Based Care Services**

- 54. OAR 855-041-0105, 855-041-0115 & 855-041-0145 Do you provide prescriptions to patients in a Long Term Care Facility?  
If yes, do you have the required institutional drug outlet license? Registration #IP \_\_\_\_\_
- 55. OAR 855-041-0160(2) Are you providing emergency drug kits to any facilities? Have you ensured that these facilities are allowed by their license to have an emergency drug kit?
- 56. OAR 855-041-0160(2) (b) & (5) Are you ensuring that only a licensed nurse is accessing the emergency drug kit or on-site pharmacy pursuant to OAR 855-041-0120(3)? **AND** that there is a practitioner's order to authorize the removal of medications?  
How?  
\_\_\_\_\_
- 57. OAR 855-080-0070 and 21 CFR 1304.11 Did you include emergency kit controlled substances (CII-V) in your Controlled Substance inventory?
- 58. OAR 855-041-0080(3) Do you accept the return of previously dispensed prescriptions?
- 59. OAR 855-041-0080(3) Do you re-dispense medications that have been returned?
- 60. OAR 855-041-0160(1) (a) Are you assisting in the establishment and supervision of the policies & procedures for the safe storage, distribution, administration & disposition of drugs, and for professional advice/medication counseling of patients and/or caregivers?
- 61. OAR 855-041-0160(1) (c) Is a pharmacist performing the quality assurance activities defined in OAR 855-041-0132? **Where** are the findings/conclusions of the monitoring, evaluation, and problem solving activities documented? \_\_\_\_\_
- 62. OAR 855-041-0057(1) If two or more prescribed drug products are packed together (i.e. bubble pack, med-minder), is the beyond-use date (expiration date) not later than 60 days from the date of preparation?

**Yes**      **No or  
Needs  
Correcting**

**Compounding and Sterile Parenteral Products**

63. Compounding is separated into five categories (1-5).  
Examples of each category are:  
Category 1- Miracle/magic mouth wash, mixing two creams together  
Category 2- Making capsules, tablets, suppositories, Antabuse suspension  
Category 3- Antibiotic in an IV solution, Two additives in an IV solution  
Category 4- Multiple medications in an IV, TPNs - Total parenteral nutrition solutions with multiple additives  
Category 5- Non sterile Morphine powder used to prepare solutions for IV pump infusions.

64. Do you compound Category 2 through 5 products?  
If Yes, download and complete the additional inspection form for compounding.

N/A

**Double Set-Up Pharmacy**

65. OAR 855-041-0035 If your pharmacy is a double set-up (OTC sales continue after the pharmacy department is closed), is the prescription area secured to assure safe storage of the prescription drugs and devices when the pharmacist is not present?  
-If yes, do you have a current non-prescription drug outlet registration?    [ ] Yes    [ ] No
66. OAR 855-041-0035(2) When a pharmacist is not in attendance, is a closed sign posted at the entrances stating the hours of the pharmacy's operation.

N/A

**Collaborative Drug Therapy Management (CDTM):**

67. OAR 855-019-0260 Do any of your pharmacists engage in CDTM?  
-If yes, list the protocols: \_\_\_\_\_
68. Has each protocol been reviewed at least every two years? Date of last review: \_\_\_\_\_
69. Are the **written** protocols kept on file in the pharmacy and **available for review**?  
Where: \_\_\_\_\_

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

** Cut on this line, fill in location of each item, and post next to outlet license on the wall.**

**DO NOT SEND ANY PART OF THIS REPORT TO THE BOARD OFFICE. KEEP IN THE BOARD OF PHARMACY LAW BOOK, COPIES SENT TO THE BOARD WILL BE DISCARDED.**

LOCATION OF PIC SELF-INSPECTION FORM: \_\_\_\_\_

LOCATION OF BOARD OF PHARMACY LAWS AND RULES: \_\_\_\_\_