

**OREGON VETERINARY MEDICAL EXAMINING BOARD (OVMEB)
2024 PHARMACY SELF-INSPECTION FORM**

ATTENTION: MANAGING VETERINARIAN:

Oregon Administrative Rule OAR 875-015-0040 requires that facilities that engage in dispensing prescription drug therapies or any medication refill must annually complete and submit a copy of the OVMEB pharmacy self-inspection form to the Oregon Veterinary Medical Examining Board.

The managing veterinarian of the registered facility shall conduct and document an annual review of the facility pharmacy by completing this self-Inspection form as part of the annual facility license renewal process. This form is designed to provide the facility with a clear understanding of compliance expectations. The primary objective of this form is to provide an opportunity to **identify** and **correct** areas of non-compliance with Oregon Veterinary Medical Examining Board rules. The inspection form serves as a necessary document used by Board inspectors during an inspection to evaluate a facility's level of compliance, specifically focused on the acquisition, storage, security, labeling, and recordkeeping of drugs intended for dispensing. Please review your completed self-inspection form with staff and file it in a manner that is readily retrievable and available for review at the time of inspection.

By answering the questions and referencing the appropriate laws/rules provided, you can determine whether your facility is compliant with the rules and regulations. If you have corrected any deficiencies, please write corrected and the date of correction by the appropriate question. If you have any questions, please **email** your question(s), prior to an inspection to OVMEB.Inspector@OVMEB.Oregon.Gov or call: 503-995-3121 to speak with an inspector.

A written explanation is required for any questions answered "NO" or "NA". Please attach additional sheets as necessary. Please submit a copy of the completed form via email to: OVMEB.Inspector@OVMEB.Oregon.Gov .

If you are unable to scan and send via email, you may fax or mail the completed form to:

Oregon Veterinary Medical Examining Board
Attn: Ingrid M. Nye
800 NE Oregon Street Suite #407
Portland, OR 97232

Fax: (971) 673-0226

OREGON VETERINARY MEDICAL EXAMINING BOARD
OAR 875-015-0040 MINIMUM STANDARDS FOR VETERINARY DRUGS SELF INSPECTION CHECKLIST

Clinic Name: _____

OVMEB Registration #: _____

Address: _____

City, St, Zip: _____

Telephone: _____

Managing Veterinarian: _____

Inspector Name: _____

Signature: _____

Date of Inspection: _____

Questions: Oregon Veterinary Medical Examining Board Inspector Ingrid M. Nye: OVMEB.Inspector@OVMEB.Oregon.gov

Yes	No	N/A			Rule Reference
			1	Does the outlet have written policies and procedures for drug security, acquisition, storage, labeling, disposal and record keeping? Readily Retrievable?:	OAR 875-015-0040(2)(a) OAR 875-015-0040(8)(c)
			2	Does the outlet keep all drugs in a locked drug cabinet or secure drug storage area that denies access to unauthorized persons?	OAR 875-015-0040(3)(a)
			3	Are controlled substances listed in schedules I, II, III, IV an V kept in a locked cabinet with access limited to persons authorized by the Managing Veterinarian?	OAR 875-015-0040(3)(b)

Yes	No	N/A			
			7	<p>Are all prescriptions properly labeled?</p> <ul style="list-style-type: none"> • Name of patient; • Name or initials of prescriber; • Name, address, and phone number of the clinic; • Date of dispensing; • Name and strength of the drug. • Quantity dispensed; • Directions for use; • Manufacturer's expiration date, or an earlier date if preferable, after which the patient should not use the drug • Cautionary information: In accordance with 21 CFR §290.5, the label of any drug listed as a controlled substance' in Schedule II, III or IV of the Federal Controlled Substances Act must, when dispensed to or for a patient, contain the following warning: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed." 	OAR 875-015-0040(5)(a-i)
			8	Does the veterinarian or their representative orally counsel the client concerning all new drugs prescribed, unless circumstances would render oral counseling ineffective?	OAR 875-015-0040(6)(a)
			9	<p>Are prescription drugs dispensed in a suitable container appropriately labeled for subsequent veterinary patient administration, to a client or other individual entitled to receive the prescription drug?</p> <p>Are Controlled substances and legend drugs dispensed, ordered or prescribed based on a VCPR?</p>	<p>OAR 875-015-040(1)(b) OAR 875-015-040(6)(d)</p> <p>OAR 875-015-040(1)(b) OAR 875-015-040(6)(b)</p>
			10	<p>For all drugs Is a unique dispensing record maintained separately from the patient chart?</p> <p>Are records kept for a minimum of 3 years?</p>	OAR 875-015-040(8)(a)
			11	<p>Does the dispensing record contain?</p> <ul style="list-style-type: none"> • Name of patient • Name of drug including dose and dosage form • Quantity dispensed • Directions for use • Date of dispensing; and • Name of doctor issuing the prescription 	OAR 875-015-040(8)(a)(A -E)

Yes	No	N/A			
			12	Are Rabies vaccines administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017?	OAR 875-015-040(6)(c)

Please provide an explanation of any “No” or “N/A” answers. Attach a second sheet if necessary:

Inspector Comments:

I certify that the information given herein is true, correct, and complete. I understand that pursuant to OAR 875-011-0010, providing false, misleading, or deceptive information to the Board or its designated inspector as part of a facility inspection or investigation is considered unprofessional or dishonorable conduct, a violation of the Oregon Veterinary Practice Act, and may result in a case being opened and/or Board action.

Printed Name and Title:_____

Signature_____ Date:_____