



## 2021 Quarterly Compliance Audit Form Instructions

(Shall be completed by May 1, August 1, and November 1)

[OAR 855-019-0300\(4\)\(e\)](#) A pharmacist designated as PIC for more than one pharmacy shall personally conduct and document a quarterly compliance audit at each location. This audit shall be on the Quarterly PIC Compliance Audit Form provided by the board.

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: \_\_\_\_\_ Outlet Registration #: \_\_\_\_\_

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 PIC at the following location(s):

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

Address: \_\_\_\_\_ Outlet Registration #: \_\_\_\_\_

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

Hours dedicated to PIC duties at this location: \_\_\_\_\_

Hours dedicated to dispensing and other duties at this location: \_\_\_\_\_

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

Address: \_\_\_\_\_ Outlet Registration #: \_\_\_\_\_

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.**



Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<p>When you are not on site, are staff able to contact you?</p> <p>What is the procedure for communicating with staff and addressing patient and staff concerns while you are not on site?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<p>Did you review all controlled substance records (CII reconciliation, inventory, invoices, on hand adjustments) and ensure medications are accounted for?</p>	<a href="#">OAR 855-041-1010(1)</a> <a href="#">OAR 855-019-0300(5)(e)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<p>Did you review and ensure the drug outlet procedure for securing legend drugs and the area in which they are prepared, compounded, stored or repackaged is being followed?</p> <p>Attach a copy of the relevant drug outlet procedure.</p>	<a href="#">OAR 855-041-1020(1)</a>  <a href="#">OAR 855-041-1040(1)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<p>Is a pharmacist performing a DUR prior to dispensing or preparing for administration any prescription or refill?</p> <p>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?</p> <p>Attach a copy of the relevant drug outlet procedure.</p>	<a href="#">OAR 855-019-0220</a>  <a href="#">OAR 855-041-1040(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<p>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?</p> <p>Attach a copy of the relevant drug outlet procedure.</p>	<a href="#">OAR 855-019-0210(1)</a>  <a href="#">OAR 855-041-1040(3)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<p>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?</p> <p>Attach a copy of the relevant drug outlet procedure.</p>	<a href="#">OAR 855-041-1040(4)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<p>Did you review and ensure all staff is following drug outlet procedure for ensuring the delivery of each completed prescription to the correct party?</p> <p>Attach a copy of the relevant drug outlet procedure.</p>	<a href="#">OAR 855-041-1040(5)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<p>Did you review and ensure a pharmacist/intern is documenting counseling on all new prescriptions (and on refills when appropriate)?</p>	<a href="#">OAR 855-019-0230</a>



				Attach a copy of the relevant drug outlet procedure.	<a href="#">OAR 855-041-1040(6)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Is counseling being documented at the time the pharmacist/intern speaks with the patient?	<a href="#">OAR 855-019-0230</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Did you review and ensure all staff is following drug outlet procedure for prescribing services and the maintenance of records for prescribing pharmacists?  Attach a copy of the relevant drug outlet procedure.	<a href="#">OAR 855-019-0435</a> <a href="#">OAR 855-020-0110(5)</a>  <a href="#">OAR 855-041-1040(7)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Did you review and ensure all staff is following drug outlet procedure for ensuring that all who work in the pharmacy are appropriately licensed and adequately trained to perform their duties?  Attach a copy of the relevant drug outlet procedure.	<a href="#">OAR 855-019-0300(5)(f)</a>  <a href="#">OAR 855-041-1040(8)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	As the PIC, are you ensuring the continuing competency of technicians?  As the PIC, how are you ensuring the continuing competency of technicians? _____ _____ _____	<a href="#">OAR 855-025-0025(6)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Were there any dispensing errors that occurred since your last audit?  <input type="checkbox"/> Did you review the error(s) with all staff members?  <input type="checkbox"/> Did you identify the cause of the error(s)?  What steps were taken to prevent this type of error from reoccurring? _____ _____ _____	<a href="#">OAR 855-019-0300(5)(g)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Did you review drug storage records?  <input type="checkbox"/> Were drugs stored according to manufacturer's guidelines of temperature, light, humidity, sanitation, ventilation, and space?  <input type="checkbox"/> If a temperature excursion occurred, were drugs quarantined until manufacturers were contacted to determine drugs were safe and effective for continued use?  <input type="checkbox"/> If a temperature excursion occurred, is all information required by OAR 855-041-1036 documented?	<a href="#">OAR 855-041-1036</a>



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