



READ THIS PAGE CAREFULLY
2022
ANIMAL EUTHANASIA DRUG OUTLET
SELF-INSPECTION FORM

ATTENTION: CLINIC REPRESENTATIVE

Oregon Administrative Rule 855-080-0100 identifies requirements to be met in order for a humane society or animal control agency to be registered or registration renewed to allow the purchase, possession and administration of sodium pentobarbital and sedative and analgesic medications for euthanizing injured, sick, homeless, or unwanted domestic pets and other animals.

ORS 475.190(1) Notwithstanding the provisions of [ORS 475.185](#), upon registration with the State Board of Pharmacy, a humane society or animal control agency may purchase, possess and, subject to subsection (4) of this section, administer sodium pentobarbital and sedative and analgesic medications to euthanize injured, sick, homeless or unwanted domestic pets and other animals.

The primary objective of this form 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 the outlet's compliance with all laws and rules of the practice of pharmacy.) The inspection form also serves as a necessary document used by Board Compliance Officers during an inspection to evaluate a pharmacy's level of compliance.

Following your self-inspection and completion of the form, please review it with your staff.

Do not assume that the outlet is in compliance. Please review Board regulations and take the time to personally verify that compliance exists. Email all Compliance related questions to pharmacy.compliance@bop.oregon.gov. (Note: The Board does not provide individualized legal advice on how the law applies to practice in the field. You may also want to contact a qualified attorney.)

By answering the questions and referencing the appropriate laws and rules provided, you may assess whether the outlet is compliant with many of the rules and regulations. If you have corrected any discrepancies, please write 'corrected' and the date of correction by the appropriate question.

**2022 ANIMAL EUTHANASIA DRUG OUTLET
SELF-INSPECTION FORM**

Date Self-Inspection was performed: _____

Outlet Registration #: _____

Outlet Name: _____

Clinic Director or Representative Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ In person or Virtual Inspection: (circle) Compliance Officer: _____ Result: _____ Comments: _____

INSTRUCTIONS

The outlet's director or clinic representative must evaluate the facility's compliance with the Board of Pharmacy's rules by completing this inspection form by **February 1, 2022**. This form must be kept on file at the outlet and available for Board inspection.

Drug Acquisition and Security

Yes	No	N/A		Rule Reference	
			1	Does the outlet have policies and procedures for drug management, including security, acquisition, storage, and record keeping? Where are the records located?	OAR 855-080-0100(1)(b) and (c)
			2	Are drugs kept in a locked drug cabinet or drug storage area that sufficiently denies access to unauthorized persons?	OAR 855-080-0100(1)(b)
			3	Does the outlet verify that all drugs are acquired from an Oregon registered distributor? Licenses and registrations may be verified on the Board website www.oregon.gov/pharmacy . Name of primary and secondary supplier(s) and registration number: Where are the invoices located?	OAR 855-080-0100(1)(b)
			4	The outlet must identify a designated representative who will serve as the primary contact person responsible for managing the outlet operations.	OAR 855-080-0100(1)(a)

Yes	No	N/A			Rule Reference
				Name and email of designated representative: Phone number of designated representative:	
			5	Is there a record of the assigned person responsible for security of sodium pentobarbital, sedative, and analgesic medications? Where is this record located? Name and email of the assigned person responsible for security of sodium pentobarbital, sedative, and analgesic medications:	OAR 855-080-0100(1)(b)
			6	Please provide a list of all sedative and analgesic controlled drugs used:	OAR 875-040-000
			7	Are all personnel that euthanize animals currently registered as Certified Euthanasia Technicians (CET) with Oregon Veterinary Medical Examining Board? Where are CET training records located?	OAR 875-040-0010

Storage

Yes	No	N/A			Rule Reference
			8	Are all drugs stored in appropriate conditions of temperature, light, humidity, sanitation, ventilation, and space? How are proper temperatures ensured and maintained?	

Records

Yes	No	N/A			Rule Reference
			9	Are the following records kept for a minimum of 3 years? (A) A record of withdrawal of sodium pentobarbital,	OAR 855-080-0100(1)(c)

Yes	No	N/A			Rule Reference
				sedative and analgesic medications signed by the person who takes possession; (B) A record of weight, species of animal euthanized and dosage of each drug administered signed by the person who administers the drug and by the designated person responsible for security; (C) A record wastage of each drug signed by the person who administers the drug and by the designated person responsible for security; (D) A weekly record of verification of the amount of each drug on hand, minus amounts withdrawn for administration signed by the person who administers the drug and by the designated person responsible for security;; and (E) A record of disposal of expired or unwanted sodium pentobarbital, sedative, and analgesic medications. Where are the records located?	
			10	Are records readily retrievable and available for inspection?	OAR 855-080-0100(1)(c)
			11	Are records maintained for a minimum of 3 years?	OAR 855-080-0100(1)(c)
			12	Is the outlet notifying the Board of Pharmacy in the event of a significant drug loss or violation related to drug theft within one business day?	OAR 855-080-0100(2)

Complete the box below to identify all animal euthanasia outlet personnel. Update this list as new hires occur throughout the inspection cycle. Please check the box next to the technician's name to indicate you have verified that you have documentation of each individual's technician training available for Board inspection.

	NAME	TITLE	CET CERTIFICATE #	EMPLOYEE'S SIGNATURE

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Name of Person Completing Form: _____ Email: _____

Signature of the Person Completing Form: _____ Date: _____