

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Are drugs dispensed in compliance with the current provisions of the Poison Prevention Packaging Act in 16 CFR 1700, 16 CFR 1701, and 16 CFR 1702?	OAR 855-043-0545
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Are all patients provided a Medication Guide for prescriptions that require a Medication Guide, unless an exemption applies?	OAR 855-043-0545(9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Are the following requirements met for each dispensed prescription that is delivered or mailed to a patient? <ul style="list-style-type: none"> • Maintain proper drug storage conditions • Provide offer in writing, for direct counseling, how to contact the practitioner, and information about the drug, including, but not limited to: <ul style="list-style-type: none"> ○ Drug name, class and indications ○ Proper use and storage ○ Common side effects ○ Precautions and contraindications ○ Significant drug interactions 	OAR 855-043-0545(7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Is staff aware that a DPDO may not accept the return of drugs from a previously dispensed prescription, may not re-dispense a prescription that was already released to a patient, and must maintain a list of sites in Oregon where drugs may be disposed?	OAR 855-043-0545(6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Is a unique dispensing record maintained separately from the patient chart and kept for a minimum of 3 years?	OAR 855-043-0555
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Does the dispensing record contain? <ul style="list-style-type: none"> • Name of patient • Dose, dosage form, quantity dispensed and either the brand name of drug, or generic name and name of manufacturer or distributor • Directions for use • Date of dispensing; and • Initials of person dispensing the prescription 	OAR 855-043-0555
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	Does the outlet retain a dispensing record that is readily retrievable and available for inspection? Where are the records kept?	OAR 855-043-0555

Signature of the Medical Director or Designated Representative completing form: _____ Date: _____

Print name: _____