



**2022**  
**NUCLEAR PHARMACY**  
**SELF-INSPECTION FORM**

**ATTENTION: PHARMACIST-IN-CHARGE (PIC)**

Oregon law holds the pharmacist-in-charge (PIC) 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 form by February 1, 2022, and within 15 days of becoming PIC (as required by OAR 855-019-0300) may result in disciplinary action.

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 your 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 pharmacists, technicians, and interns, correct any deficiencies noted, sign and date the form and file it in a readily retrievable manner. **DO NOT SEND** to the Board office. You are responsible for ensuring your completed form is available at the time of inspection.

Board inspections are not scheduled; therefore, it is common for the PIC to be absent or unavailable at the time of inspection. 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) increases compliance and may improve the efficiency of the inspection.

Do not assume that you are 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](mailto: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 can determine whether you are 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.

The Board offers a PIC training course. Check the Board website for more information.

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**All PIC's of nuclear pharmacies MUST complete and sign this inspection report and have it available for inspection within 15 days of becoming PIC and by 2/1/2022 (as required by OAR 855-019-0300).**

Date PIC Inspection was performed: \_\_\_\_\_  
Print PIC Name & License #: \_\_\_\_\_  
PIC e-mail: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
DEA #: \_\_\_\_\_ Exp: \_\_\_\_\_  
Institutional Outlet Registration #: \_\_\_\_\_  
Retail Outlet Registration #: \_\_\_\_\_  
Manufacturer Registration #: \_\_\_\_\_  
Wholesaler Registration #: \_\_\_\_\_  
Hours of operation: \_\_\_\_\_

Date: _____
In person or Virtual Inspection: (circle)
Compliance Officer: _____
RPh present for inspection: _____
Result: _____
Comments: _____

***Please list where the following items are located inside the pharmacy. Be as specific as possible; there can be many filing cabinets and binders. If not applicable, please indicate "N/A".***

PIC Inspection Forms for the last 3 years: \_\_\_\_\_

Policies and Procedures:

Current written drug outlet procedures: \_\_\_\_\_

COVID-19: \_\_\_\_\_

Controlled Substance Inventory:

Current written annual controlled substance inventory: \_\_\_\_\_

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: \_\_\_\_\_

Perpetual schedule II inventory & reconciliations: \_\_\_\_\_

Training:

Drug storage training documents: \_\_\_\_\_

Technician Training documents: \_\_\_\_\_

Aseptic training: \_\_\_\_\_

Media fill/gloved fingertip competency documentation: \_\_\_\_\_

Equipment maintenance:

Cleaning/disinfecting logs: \_\_\_\_\_

Hood certification documents: \_\_\_\_\_

Resources:

USP access/resource: \_\_\_\_\_

**You are required to confirm whether or not the pharmacy is compliant and mark the appropriate box to the left of each item. Resolve all deficiencies and write the date of correction if applicable.**

**Public Health Emergency (PHE) and COVID**

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Are staff aware that Division 7 rules are ONLY in effect during a Public Health Emergency declared by the Governor?	OAR 855- <a href="#">007</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Are staff familiar the COVID-19 resources on the Board of Pharmacy website (i.e. Covid Communication Update)?  <a href="https://www.oregon.gov/pharmacy/Pages/COVID-19.aspx">https://www.oregon.gov/pharmacy/Pages/COVID-19.aspx</a>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are staff wearing masks or appropriate face coverings per current OHA requirements?	<a href="#">OAR 855-007-0088</a> <a href="#">OAR 333-019-1011</a> <a href="#">OAR 333-019-1025</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Are staff familiar with the Oregon Occupational Safety and Health Administration (OSHA), and how they are involved with workplace safety during the COVID-19 PHE?  OSHA sets and enforces protective workplace safety and health standards as well as providing information, training and assistance to employers and workers.  To file a complaint with OSHA: <a href="https://osha.oregon.gov/workers/Pages/index.aspx">https://osha.oregon.gov/workers/Pages/index.aspx</a>	<a href="https://osha.oregon.gov/covid19/Pages/default.aspx">https://osha.oregon.gov/covid19/Pages/default.aspx</a>

**General Requirements**

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Do all prescription records include: <ul style="list-style-type: none"><li>• Name of prescriber and/or institution</li><li>• Name of radiopharmaceutical</li><li>• Amount of radioactivity or SI equivalent</li><li>• Date, time, and volume of calibration</li></ul>	<a href="#">OAR 855-042-0015(8)(a-d)</a>

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Does the labeling of the outer container include: <ul style="list-style-type: none"> <li>• Prescription number and the patient's name, or the words "Physician Use Only" in the absence of the name of the patient</li> <li>• Standard radiation symbol</li> <li>• The words "Caution - Radioactive Material"</li> <li>• Name of the radiopharmaceutical</li> <li>• Lot number</li> <li>• Amount of radioactivity material contained in millicuries, microcuries, or their SI equivalent</li> <li>• If a liquid, the volume in milliliters</li> <li>• The requested calibration date and time</li> <li>• Expiration date and/or time (if applicable)</li> <li>• Specific concentration of radioactivity</li> <li>• Name &amp; address of the practitioner and/or institution that ordered the radiopharmaceutical</li> <li>• Standard non-RP labeling</li> </ul>	<a href="#">OAR 855-042-0015(9)(a-k)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Does the labeling of the inner container include: <ul style="list-style-type: none"> <li>• Standard radiation symbol</li> <li>• The words "Caution - Radioactive Material"</li> <li>• Name of the radiopharmaceutical</li> <li>• Prescription number</li> <li>• Name of the nuclear pharmacy</li> <li>• Date</li> <li>• Amount of radioactivity material contained in millicuries, microcuries, or their SI equivalent</li> </ul>	<a href="#">OAR 855-042-0015(10)(a-g)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Drug Outlet Procedures <ul style="list-style-type: none"> <li>• All elements of OAR 855-041-1040</li> <li>• Training Procedures</li> <li>• Attach DUR policy and procedure</li> </ul>	<a href="#">Division 42</a>  <a href="#">OAR 855-019-0220</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Minimum references and equipment <ul style="list-style-type: none"> <li>• Current pharmacy laws and rules</li> <li>• Oregon radiation control regulations</li> <li>• CFR Title 10, Parts 0-199</li> <li>• CFR Title 49, Parts 106-199</li> <li>• Access to USP 825</li> <li>• Sink, hot &amp; cold water</li> <li>• Refrigeration</li> <li>• Certificates displayed</li> <li>• Hood certification date:</li> </ul>	<a href="#">OAR 855-042-0015</a> <a href="#">OAR 855-042-0025</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Drug Handling <ul style="list-style-type: none"> <li>• Dating</li> <li>• Disposal containers</li> </ul>	<a href="#">Division 42</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Prescription Area Security <ul style="list-style-type: none"> <li>• Filled prescription/medication records</li> <li>• Keys &amp; access only when pharmacist is present</li> </ul>	<a href="#">Division 42</a>

**If the pharmacy performs any drug compounding, you are also required to complete the Compounding Self-Inspection form located on the Board website.**

Printed Name of PIC:

License #:

Signature of PIC:

Date:

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

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.

NAME	FULL OREGON LICENSE NUMBER	OREGON LICENSE EXPIRATION DATE