



2024
PHARMACY PRESCRIPTION KIOSK (PPK)
SELF-INSPECTION FORM

ATTENTION: PHARMACIST-IN-CHARGE (PIC)

- Failure to complete this form by July 1, 2024, and within 15 days of becoming PIC, may result in disciplinary action ([OAR 855-115-0210\(1\)\(h\)](#)).

- In order to be a PIC, a pharmacist must have:
 - Completed at least one year of pharmacy practice; or
 - Completed a board provided PIC training course either before the appointment or within 90 days after the appointment; and
 - Be employed by the outlet. ([OAR 855-115-0205\(1\)\(a\)\(b\)](#))

- Effective 7/1/2025, a PIC must complete a board-provided PIC training course at least every five years. ([OAR 855-115-0205\(3\)](#))

Requirements: Oregon law states the PIC and all pharmacists on duty are responsible for ensuring the pharmacy is compliant with all applicable state and federal laws and rules. This form must be provided to the board immediately upon request at the time of inspection and retained in compliance with [OAR 855-104-0055](#).

Scope: The primary objective of completing the self-inspection is to identify and correct areas of non-compliance with any state and federal laws and rules. This process is not exhaustive, and laws and rules often change between annual updates to this form. Subsequently, it is your responsibility to ensure compliance with any changes, or applicable laws and rules, not referenced herein.

Internal Use: Following completion of the self-inspection form, ensure it is signed and dated by the PIC, reviewed with all pharmacy staff, and filed in a conspicuous manner (DO NOT SEND to the agency office). It is advisable to create a binder for this form, using tabs to organize and group documents where possible. Otherwise, please CLEARLY indicate on the form where auxiliary documents are located.

Agency Use: During an inspection, Compliance Officers use the self-inspection form as a general guide to assess pharmacy compliance. The PIC and all pharmacy staff should be prepared and able to retrieve this form and locate any auxiliary documents referenced within at the time of inspection.

Email all compliance-related questions to: pharmacy.compliance@bop.oregon.gov.

**2024
PHARMACY PRESCRIPTION KIOSK (PPK)
SELF-INSPECTION FORM**

All PIC's must complete and sign this inspection form and have it available for inspection within 15 days of becoming PIC and by 7/1/2024 (as required by OAR 855-115-0210).

Date PIC completed Self-Inspection: _____ / _____ / _____

PIC Name: _____ PIC License #: _____

PIC **Work** E-mail: _____

Pharmacy Prescription Kiosk (PPK) Name: _____

PPK Retail Outlet Registration #: _____ EXP: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____

Affiliated Pharmacy Name: _____

Affiliated Pharmacy Retail Outlet Registration #: _____ EXP: _____ / _____ / _____

Affiliated Pharmacy DEA #: _____ EXP: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Please list where the following items are specifically located inside the Affiliated Pharmacy (e.g., which cabinet, binder, etc.). Records are required to be kept at the Affiliated Pharmacy per [OAR 855-141-0550\(2\)](#).

Policies, Procedures, and General Records

- Current **written** Drug Outlet Policies and Procedures (to include Cold Drug Storage)
- Continuous Quality Improvement Plan
- Written document designating who is authorized to access the PPK
- Pharmacist physical inspection of PPK (in-person, every 28 days)
- RPh Counseling Records

- Board notification of drug loss or suspected theft

Training Documents

- Training program on proper use of PPK

Cold Drug Storage Records

- Drug storage monitoring plan
- Emergency action plan
- Excursion Documentation (including the event date, name of persons(s) involved in excursion responses, action(s) taken, including decision to quarantine drug for destruction, or determination that drug is safe for continued use, and the details of the information source used to make this decision.)
- Temperature logs
- Quarterly validations

When mentioned herein, the term “pharmacist,” or “Pharmacist,” means Oregon-licensed pharmacist, and the term “Affiliated Pharmacy” means Pharmacy Prescription Kiosk Affiliated Pharmacy:

- [OAR 855-006-0005\(37\)](#) “Pharmacist” means an individual licensed by this state to engage in the practice of pharmacy or to engage in the practice of clinical pharmacy.
- [OAR 855-141-0005\(1\)](#) “Pharmacy Prescription Kiosk Affiliated Pharmacy” or “PPK Affiliated Pharmacy” means a Retail Drug Outlet Pharmacy Registered in Oregon that operates a Pharmacy Prescription Kiosk.

General Requirements

Yes	No		Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	1	Is the PPK located in Oregon and registered with the board? OAR 855-141-0010(1)
<input type="checkbox"/>	<input type="checkbox"/>	2	Does the PPK have an Oregon-registered Affiliated Pharmacy with an Oregon-licensed PIC? OAR 855-141-0010(3) OAR 855-141-0030(2) and (3) OAR 855-141-0050(1)
<input type="checkbox"/>	<input type="checkbox"/>	3	Is the PPK’s registration displayed at both the PPK and its Affiliated Pharmacy? OAR 855-141-0010(10)
<input type="checkbox"/>	<input type="checkbox"/>	4	Does the PPK store controlled substances? Note: A PPK may not store controlled substances OAR 855-141-0010(2) OAR 855-141-0225
<input type="checkbox"/>	<input type="checkbox"/>	5	Is the PPK aware that a change of location, ownership, or closure of the PPK or Affiliated Pharmacy requires submission of a new application? Note: A PPK must not operate until a certificate of registration has been issued by the board. OAR 855-141-0010 OAR 855-141-0015 OAR 855-141-0020

Yes	No		Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	6 Is the PPK aware that the board must be notified by the Affiliated Pharmacy a minimum of 15 days prior to discontinuing operations?	OAR 855-141-0145
<input type="checkbox"/>	<input type="checkbox"/>	7 Have all Pharmacists, Interns, Certified Oregon Pharmacy Technicians (COPT) and Pharmacy Technicians (PT) completed a training program on the proper use of the PPK?	OAR 855-141-0050(2)
<input type="checkbox"/>	<input type="checkbox"/>	8 Are the prescription and non-prescription drugs, devices, and related supplies placed in the PPK sourced ONLY from the Affiliated Pharmacy?	OAR 855-141-0120
<input type="checkbox"/>	<input type="checkbox"/>	9 Does the Affiliated Pharmacy ensure that each prescription is correctly dispensed by the PPK accurately, in accordance with the prescribing practitioner's authorization, and to the correct party?	OAR 855-141-0345(1),(2)
<input type="checkbox"/>	<input type="checkbox"/>	10 Do the PPK and its Affiliated Pharmacy ensure disasters, accidents and emergencies which may affect the strength, purity or labeling of drugs or devices are reported to the board immediately?	OAR 855-141-0130(1)
<input type="checkbox"/>	<input type="checkbox"/>	11 Do the PPK and its Affiliated Pharmacy ensure that confirmed significant drug loss, or any loss related to suspected drug theft, is reported to the DEA, and the Board within one business day?	OAR 855-141-0130(2)
<input type="checkbox"/>	<input type="checkbox"/>	12 Do the PPK and its Affiliated Pharmacy ensure the PPK is kept clean?	OAR 855-141-0150
<input type="checkbox"/>	<input type="checkbox"/>	13 Are the Affiliated Pharmacy and PIC aware they are responsible for all operations and enforcing all policies and procedures of the PPK?	OAR 855-141-0200(1)
<input type="checkbox"/>	<input type="checkbox"/>	14 Is the PPK less than 120 miles from Affiliated Pharmacy?	OAR 855-141-0200(3)
<input type="checkbox"/>	<input type="checkbox"/>	15 Do the PPK and its Affiliated Pharmacy comply with the following? <ul style="list-style-type: none"> • Have the same owner; or have a written contract that specifies: <ul style="list-style-type: none"> ○ The services to be provided by each licensee and registrant; ○ The responsibilities of each licensee and registrant; and ○ The accountabilities of each licensee and registrant; • Ensure each prescription and non-prescription drug, device, and related supplies are dispensed in compliance with OAR 855-115, OAR 855-120, OAR 855-125, OAR 855-041, and OAR 855-141; • Ensure that the Affiliated Pharmacy prevents duplicate dispensing of a prescription; • Comply with all applicable federal and state laws and rules; • Ensure that there is a PIC who is responsible for all operations and enforcing all policies and procedures of the PPK; • Designate in writing the pharmacists, Interns, COPT, and PT authorized to access the PPK; • Utilize complete chain of custody tracking; • Train the Oregon licensed Pharmacists, Interns, COPT, PT in the operation of the PPK and document the training; 	OAR 855-141-0200(4)

Yes	No		Rule Reference
		<ul style="list-style-type: none"> • Develop, implement, and enforce a continuous quality improvement program for dispensing services from a PPK designed to objectively and systematically: <ul style="list-style-type: none"> ○ Monitor, evaluate, and document the quality and appropriateness of patient care; ○ Improve patient care; and ○ Identify, resolve, and establish the root cause of dispensing and DUR errors and prevent their reoccurrence; • Provide a telephone number that a patient, patient’s agent, or prescriber may use to contact the Oregon licensed Pharmacist from the PPK Affiliated Pharmacy; and • Develop, implement, and enforce a process for an in-person physical inspection of the PPK by an Oregon-licensed Pharmacist at least once every 28 days (or more frequently as deemed necessary by the Oregon licensed PIC of the PPK Affiliated Pharmacy); the inspection must utilize the PPK self-inspection form, be documented, and retained. 	

Minimum Equipment, Policy and Procedures and Records

Yes	No		Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	16 Does each PPK have appropriate equipment and supplies based on services offered by the PPK, as required by Oregon Revised Statutes, Oregon Administrative Rules, United States Code, Code of Federal Regulations, and standards adopted by reference (e.g. USP)?	OAR 855-141-0155(1)
<input type="checkbox"/>	<input type="checkbox"/>	17 Are Drug Outlet Policies & Procedures compliant with Oregon laws and rules, reflect the current practice at the outlet, and do they address the following? <ul style="list-style-type: none"> • Security • Operation, testing, and maintenance of the telepharmacy and PPK systems • Sanitation and cleaning • Storage of drugs • Stocking and destocking • Dispensing (to include preventing duplications) • Pharmacist supervision, direction, and control of licensed personnel and of accessing the PPK • Documenting the identity, function, location, date and time of licensees engaging in telepharmacy and licensed personnel accessing the PPK • Utilization of Pharmacist (i.e. Counseling) • Drug and/or device procurement, receiving, and delivery • Recordkeeping • Patient confidentiality • On-site inspection by a Pharmacist • Continuous quality improvements • Plan for discontinuing and recovering services if PPK disruption occurs • Training: initial and ongoing • Interpretation, translation, and prescription reader services 	OAR 855-141-0500

Yes	No			Rule Reference
			Date reviewed with PPK Affiliated Pharmacy staff: ____ / ____ / ____ Note: This must be completed every 12 months	
<input type="checkbox"/>	<input type="checkbox"/>	18	Does the PPK contain all required signage in a location that is easily seen by the public, including but not limited to: <ul style="list-style-type: none"> • Stating “The (insert name of PPK Affiliated Pharmacy) may be able to substitute a less expensive drug which is therapeutically equivalent to the one prescribed by your doctor unless you do not approve.” The printing on this sign must be in block letters not less than one inch in height; • Providing notification in each of the languages required in OAR 855-141-0410 of the right to free, competent oral interpretation and translation services, including translated prescription labels, for patients who are of limited English proficiency, in compliance with federal and state regulations if the pharmacy dispenses prescriptions for a patient's self-administration; • Stating "This location is a Pharmacy Prescription Kiosk, supervised by an Oregon licensed Pharmacist from (insert name of Affiliated Pharmacy, address, and telephone number)." The printing on the sign must be in block letters not less than one inch in height; and • Providing notification of accurate hours of operation at the PPK Note: As an alternative to posting the required signage, PPK’s that utilize an electronic video monitor that requires patient acknowledgement prior to retrieving medication from the PPK, may display the information required above in an electronic format via the video monitor.	OAR 855-141-0155(1)(c)
<input type="checkbox"/>	<input type="checkbox"/>	19	Does the Affiliated Pharmacy retain all of the following required records for the PPK? <ul style="list-style-type: none"> • Date, time, and identification of each individual and activity or function performed on the PPK; • Pharmacist physical inspection of the PPK every 28 days; • Telepharmacy system testing; • Licensee training on the proper use of the PPK; • Still image capture and store and forward images must be retained according to OAR 855-141-0550(1); • Data and surveillance system data must be retained for 6 months; and • Any errors or irregularities identified by the quality improvement program. 	OAR 855-141-0550(2),(3)
<input type="checkbox"/>	<input type="checkbox"/>	20	Does the Affiliated Pharmacy retain the following dispensing records for the PPK? <ul style="list-style-type: none"> • Physical location of the PPK; • Identification of the patient or patient’s agent retrieving the prescription, non-prescription drugs, and supplies; 	OAR 855-141-0550(4)

Yes	No			Rule Reference
			<ul style="list-style-type: none"> • A digital image of the individual to whom the prescription was dispensed; • Date and time of transaction; • Each prescription number, patient name, prescriber name, drug name, strength, dosage form and quantity; • Each non-prescription drug and supply name, UPC or NDC number, and quantity; and • When required, name of pharmacist or intern who provided counseling to the patient or patient's agent, documentation that the counseling was performed or that the pharmacist or intern accepted the patient or patient's agent request not to be counseled. 	
<input type="checkbox"/>	<input type="checkbox"/>	21	<p>Does the Affiliated Pharmacy retain the following for stocking and destocking records for the PPK?:</p> <ul style="list-style-type: none"> • Date and time; • Each prescription number, patient name, prescriber name, drug name, strength, dosage form and quantity; • Each non-prescription drug and supply name, UPC or NDC number, and quantity; • Name and Oregon license number of the person stocking or destocking prescription, non-prescription drugs, and supplies from the system; and • Identity of the Pharmacist who verifies that the system has been accurately stocked or destocked. 	OAR 855-141-0550(5)

Technology

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	22	Do the PPK and its Affiliated Pharmacy utilize a shared telepharmacy system with appropriate technology or interface to allow access to the information required to dispense prescription and non-prescription drugs, devices, and related supplies, and counsel a patient or patient's agent?	OAR 855-141-0205(1)
<input type="checkbox"/>	<input type="checkbox"/>	23	Do the PPK and its Affiliated Pharmacy utilize barcodes, radio-frequency identification, or quick response code technology <u>for stocking, destocking, and dispensing</u> at the PPK?	OAR 855-141-0205(2)
<input type="checkbox"/>	<input type="checkbox"/>	24	Do the PPK and its Affiliated Pharmacy utilize barcodes, radio-frequency identification, or quick response code technology <u>to record information</u> , as required in OAR 855-141-0205(6), if available?	OAR 855-141-0205(7)
<input type="checkbox"/>	<input type="checkbox"/>	25	<p>Do the PPK and its Affiliated Pharmacy test the telepharmacy and PPK systems to verify the unit is operable and functioning in all aspects, in accordance with minimum acceptable system or unit design specifications, before dispensing prescription and non-prescription drugs, devices, and related supplies? (this is also required after an upgrade or change is made to the system)</p> <p>Note: The PPK Affiliated Pharmacy must make the results of such testing available to the board upon request</p>	OAR 855-141-0205(3)

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	26	Have the PPK and its Affiliated Pharmacy developed, implemented, and enforced a plan for routine maintenance of the telepharmacy system and PPK?	OAR 855-141-0205(4)
<input type="checkbox"/>	<input type="checkbox"/>	27	Have the PPK and its Affiliated Pharmacy developed, implemented, and enforced a plan for responding to and recovering from an interruption of service where the PPK is not fully operational and functioning?	OAR 855-141-0205(5)
<input type="checkbox"/>	<input type="checkbox"/>	28	For prescription verification, do the PPK and its Affiliated Pharmacy use still image capture, or store and forward with a camera that is of sufficient quality and resolution so that the Pharmacist from the Affiliated Pharmacy can visually identify each of the following? <ul style="list-style-type: none"> • <u>Source container</u> (including manufacturer, name, strength, lot, and expiration) • <u>Dispensed product</u> (including the imprint and physical characteristics if applicable) • <u>Completed prescription container</u> (including the label) 	OAR 855-141-0205(6)

Security

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	29	Are the PPK, Affiliated Pharmacy, PIC of the Affiliated Pharmacy, and each Oregon-licensed Pharmacist supervising the PPK aware they are each responsible for the security of the PPK, including provisions for adequate safeguards against <u>loss</u> , <u>theft</u> or <u>diversion</u> of prescription and non-prescription drugs, devices, and related supplies, and records for such drugs, devices, and related supplies?	OAR 855-141-0100(1)
<input type="checkbox"/>	<input type="checkbox"/>	30	Is the PPK in a secure, indoor location that is climate controlled, protected from the elements, and securely fastened to a permanent structure?	OAR 855-141-0100(2)(a)(b)
<input type="checkbox"/>	<input type="checkbox"/>	31	Does the PPK utilize an alarm system that sends real-time notifications to a Pharmacist if unauthorized access occurs? Note: Per OAR 855-006-0005(2) , an “Alarm system” means a device or series of devices, which emit or transmit an audible or remote visual or electronic alarm signal, which is intended to summon a response.	OAR 855-141-0100(7)(a)
<input type="checkbox"/>	<input type="checkbox"/>	32	Does the PPK utilize an electronic entry system that is controlled by a Pharmacist and records the following? <ul style="list-style-type: none"> • ID of Pharmacist authorizing each access and securing the PPK • ID of Pharmacist, Intern, or technicians accessing and securing the PPK • Date and time of each activity 	OAR 855-141-0100(7)(b)(A)(B)
<input type="checkbox"/>	<input type="checkbox"/>	33	Does the PPK have a surveillance system that utilizes continuously accessible and recorded video between the Affiliated Pharmacy?	OAR 855-141-0100(7)(c)

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>		Is the camera view clear, providing view of the entire PPK (including access points)? Note: Per OAR 855-006-0005(53) , a “Surveillance system” means a system of video cameras, monitors, recorders, and other equipment used for surveillance	
<input type="checkbox"/>	<input type="checkbox"/>	34	Are Interns, COPTs and PTs only accessing the PPK when authorized in real-time by the Pharmacist supervising them?	OAR 855-141-0100(5)
<input type="checkbox"/>	<input type="checkbox"/>	35	Are all unlicensed personnel (e.g., machine repair technicians) able to access the PPK only when escorted and continually observed by a licensee who is authorized by the Pharmacist who is supervising and authorizing access to the PPK in real-time?	OAR 855-141-0100(6)
<input type="checkbox"/>	<input type="checkbox"/>	36	Is the PPK secured to prevent access when: <ul style="list-style-type: none"> • there is no Pharmacist supervising and authorizing access in real time? • there are no licensed personnel being supervised by a Pharmacist at the PPK? • any component of the PPK is not functioning? 	OAR 855-141-0100(3)
<input type="checkbox"/>	<input type="checkbox"/>	37	Is there a record with the name and Oregon license number for each person permitted to access the PPK?	OAR 855-141-0100(4)

Outlet Supervision

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	38	Are prescription and non-prescription drugs, devices, and related supplies only dispensed when a Pharmacist is available for patient consultation and the PPK is fully operational?	OAR 855-141-0210(1)
<input type="checkbox"/>	<input type="checkbox"/>	39	Is the stocking and destocking of prescription and non-prescription drugs, devices, and related supplies completed under the supervision, direction, and control of a Pharmacist?	OAR 855-141-0210(2)
<input type="checkbox"/>	<input type="checkbox"/>	40	Do the PPK and its Affiliated Pharmacy ensure drugs and devices destocked from a PPK satisfy the requirements of the regulations before returning to stock at the PPK Affiliated Pharmacy?	OAR 855-141-0210(4)
<input type="checkbox"/>	<input type="checkbox"/>	41	Is a Pharmacist verifying and documenting the following? <ul style="list-style-type: none"> • All prescription and non-prescription drugs, devices, and related supplies were correctly stocked into the PPK • All prescription and non-prescription drugs, devices, and related supplies destocked from the PPK were returned to the Affiliated Pharmacy • Proper storage conditions were maintained during transfer from Affiliated Pharmacy to PPK per OAR 855-141-0125; and • Records are maintained per OAR 855-141-0550 	OAR 855-141-0210(3)

Pharmacists

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	42	Is the pharmacist aware that they are required to control each aspect of the practice of pharmacy?	OAR 855-115
<input type="checkbox"/>	<input type="checkbox"/>	43	<p>Is the pharmacy aware that only a Pharmacist may practice pharmacy as defined in ORS 689.005, to include the provision of patient care services? Activities that require reasonable professional judgment of a Pharmacist include but are not limited to:</p> <ul style="list-style-type: none"> • Drug Utilization Review; • Counseling; • Drug Regimen Review; • Medication Therapy Management; • Collaborative Drug Therapy Management or other post-diagnostic disease state management, pursuant to a valid agreement; • Practice pursuant to State Drug Therapy Management Protocols; • Prescribing a drug or device, as authorized by statute; • Ordering, interpreting and monitoring of a laboratory test; • Oral receipt or transfer of a prescription; and • Verification of the work performed by those under their supervision 	OAR 855-115
<input type="checkbox"/>	<input type="checkbox"/>	44	Does the PIC verify that policies and procedures are followed to ensure that prescriptions are correctly dispensed?	OAR 855-041-1105 OAR 855-141-0300 OAR 855-115-0210(1)(d)
<input type="checkbox"/>	<input type="checkbox"/>	45	When licensees receive a telephone prescription, are they documenting their name, the date, and the name of the person transmitting the prescription?	OAR 855-041-1105
<input type="checkbox"/>	<input type="checkbox"/>	46	<p>When Pharmacy Technicians and Certified Oregon Pharmacy Technicians assist the Pharmacist in the practice of pharmacy, is their work verified by a Pharmacist?</p> <p>Note: Pharmacist verification must be documented, available and consistent with the standard of practice.</p>	OAR 855-115-0120(1)(f)(g) OAR 855-125-0135(2)
<input type="checkbox"/>	<input type="checkbox"/>	47	<p>Is a pharmacist ensuring that each prescription is correctly assigned an expiration date, not to exceed the following?</p> <ul style="list-style-type: none"> • That on the manufacturer's container, if dispensed in the manufacturer's container, or • The earliest date of either: <ul style="list-style-type: none"> ○ the manufacturer's expiration date, or ○ one year from the date that the drug was repackaged. <p>Note: Any drug expiring before the course of therapy is expected to finish must not be dispensed.</p>	OAR 855-141-0400(9) OAR 855-115-0105
<input type="checkbox"/>	<input type="checkbox"/>	48	Does the label on each prescription medication (excluding unit dose or unit of use packaging) contain its physical description, including any identification codes that may appear on tablets or capsules?	OAR 855-141-0400(2)

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	49	<p>Does a licensee offer for the pharmacist to provide counseling on all new prescriptions, and refills when determined necessary?</p> <p>Note: Using their professional judgment, only a pharmacist can determine the manner and amount of counseling that is reasonable and necessary.</p>	OAR 855-115-0145
<input type="checkbox"/>	<input type="checkbox"/>	50	How does the pharmacist denote that a new, or refilled, prescription requires the offer or provision of counseling?	OAR 855-115-0145
<input type="checkbox"/>	<input type="checkbox"/>	51	<p>Do the PPK and its Affiliated Pharmacy ensure that a prescription drug or device is not released from the PPK until the Pharmacist or Intern as permitted by their supervising Pharmacist has completed the following?</p> <ul style="list-style-type: none"> • Provided counseling when required under OAR 855-115-0145 or when requested by the patient or patient's agent? • Documented the interaction? 	OAR 855-141-0215
<input type="checkbox"/>	<input type="checkbox"/>	52	<p>Does a pharmacist only accept the return of a drug or device when all of the following conditions are met?</p> <ul style="list-style-type: none"> • The drug or device has been dispensed from the PPK in error, was defective, adulterated, misbranded, dispensed beyond its expiration date, or subject to a recall • The Pharmacist approves the return • The drugs or devices are accepted for destruction or disposal • The Pharmacist verifies the destruction or disposal 	OAR 855-141-0455

Drug Storage

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	53	<p>Does the PPK maintain proper storage of all drugs? This includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> • Storage according to the published manufacturer's or USP guidelines • Appropriate storage in terms of temperature, light, humidity, sanitation, ventilation, and space • Appropriate storage conditions during transfers between facilities and to patients • Quarantine of outdated, adulterated, misbranded or suspect drugs 	OAR 855-141-0125(1)
<input type="checkbox"/>	<input type="checkbox"/>	54	Do the PPK's cold drug storage systems ensure that the refrigerated products are stored between 2 to 8 °C (35.6 to 46.4°F) and frozen products between -25 to -10 °C (-13 to 14 °F), or as specified by the manufacturer?	OAR 855-141-0125(2)

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	55	Do the PPK's cold drug storage systems utilize a centrally-placed, accurate and calibrated thermometer?	OAR 855-141-0125(2)(B)
<input type="checkbox"/>	<input type="checkbox"/>	56	Is the temperature for each of the PPK's cold drug storage systems measured continuously, and documented either: <ul style="list-style-type: none"> • <u>manually</u>, twice a day, to include minimum, maximum and current temperatures? • <u>automatically</u>, with a system capable of creating a producible history of temperature reading? 	OAR 855-141-0125(2)(D)
<input type="checkbox"/>	<input type="checkbox"/>	57	Do the PPK and its Affiliated Pharmacy adhere to the following monitoring plan? <ul style="list-style-type: none"> • Documenting training for all personnel; • Maintaining manufacturer-recommended calibration of thermometers; • Maintaining records of temperature logs for a minimum of three years; • Documenting each excursion in detail, including, but not limited to: <ul style="list-style-type: none"> ○ Event date & time frame; ○ Name of persons(s) involved; ○ Pharmacist's review of duration and magnitude; ○ Action(s) taken, whether to quarantine product for destruction/return, or keep product if deemed safe for continued use; ○ Source of information used; and ○ Identity of pharmacist who made final decision. • Maintaining a <u>written</u> emergency action plan; • Ensuring the routine preventative maintenance and evaluation of refrigeration equipment and monitoring equipment; and • Documenting and reviewing temperature recordings at least once every 28 days (by the Pharmacist during required physical inspection of the PPK) 	OAR 855-141-0125(2)(b)
<input type="checkbox"/>	<input type="checkbox"/>	58	Does the Affiliated Pharmacy quarantine drugs from the PPK that are outdated, damaged, deteriorated, misbranded, adulterated, or suspect and physically separate them from other drugs until they are destroyed or returned to their supplier?	OAR 855-141-0125

Dispensing

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	59	Do all prescriptions labels contain the following information: <ul style="list-style-type: none"> • Name and address of the PPK. • Date; • Identifying number; • Patient name; • Drug name, strength, and quantity dispensed (when a generic name is used, the label must also contain the identifier of the manufacturer or distributor); • Directions for use by the patient; • Name of practitioner; 	OAR 855-141-0400

Yes	No			Rule Reference
			<ul style="list-style-type: none"> • Additional cautionary information as required for patient safety; • An expiration date after which the patient should not use the drug or medicine, not to exceed the following: <ul style="list-style-type: none"> ○ That on the manufacturer's container, if dispensed in the manufacturer's container, or ○ The earliest date of either: <ul style="list-style-type: none"> ▪ The manufacturer's expiration date, or ▪ One year from the date the drug was repackaged. • Any dispensed prescription medication, other than those in unit dose or unit of use packaging, must be labeled with its physical description, including any identification code that may appear on tablets and capsules; and • Name, address and telephone number of the Affiliated Pharmacy. 	
		60	<p>What is the outlet's process to ensure that dual language prescription labels are available in each of the 14 required languages, and provided upon request by the patient or patient's agent?</p> <p>Note: The prescription must bear a label in both English and the language requested.</p>	OAR 855-141-0410 ORS 689.564
		61	<p>How does the pharmacy notify each person to whom a prescription is dispensed that a prescription reader is available upon request?</p> <p>How, and when, is the reader provided?</p>	OAR 855-141-0405 ORS 689.561

Prohibited Practices

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	62	Do non-licensed personnel or technicians ask questions of a patient or patient's agent which screen and/or limit interactions with a Pharmacist?	OAR 855-141-0600(1)
<input type="checkbox"/>	<input type="checkbox"/>	63	Does the PPK utilize a person to dispense or deliver a prescription or non-prescription drug, device or related supply directly to the patient?	OAR 855-141-0600(2)
<input type="checkbox"/>	<input type="checkbox"/>	64	Are drugs that require further manipulation prior to administration or dispensing placed in the PPK (e.g., reconstituted products, compounds, vaccines, etc.)?	OAR 855-141-0600(3)

Yes No

Rule Reference

<input type="checkbox"/>	<input type="checkbox"/>	65	Are controlled substances stored or dispensed in/from the PPK?	OAR 855-141-0600(4)
<input type="checkbox"/>	<input type="checkbox"/>	66	<p>Is the PPK aware that a licensee or registrant of the board MAY NOT DISCLOSE patient information to a third party without the consent of the patient, except as provided in (1)(a)-(e) of this rule?</p> <p>Is the pharmacy aware that a licensee or registrant of the board MAY NOT ACCESS OR OBTAIN patient information unless it is for the purpose of patient care, except as provided in (1)(a)-(e) of this rule?</p>	OAR 855-141-0602

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I hereby certify that to the best of my knowledge, this outlet is compliant with all applicable laws and rules, that written policies and procedures reflect current practices, that I have documented training of staff, and that the answers marked on this form are true and correct.

Date: ____ / ____ / ____

Signature of PIC: _____

Printed Name of PIC: _____