



**2023
RETAIL DRUG OUTLET
SELF-INSPECTION FORM**

ATTENTION: PHARMACIST-IN-CHARGE (PIC)

Oregon law states the pharmacist-in-charge (PIC) and all pharmacists on duty are responsible for ensuring the pharmacy is in compliance with all state and federal laws governing the practice of pharmacy. Failure to complete this form by February 1, 2023, 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 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 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** the form to the Board office. You are responsible for ensuring the 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 the 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.

By answering the questions and referencing the appropriate laws and rules provided, you can determine whether the pharmacy is compliant with many of the rules and regulations. If you have corrected any deficiencies, 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.

Following an inspection, the Compliance Officer may provide a list of observations in the inspection report. An observation is any potential regulatory violations found during the routine inspection.

The Inspection Report will be emailed to the PIC's work email address in 2 to 4 weeks. It should be reviewed, and a copy should be retained with the Self Inspection Report for 3 years as part of the outlet's records.

If in the inspection results in a Deficiency Notification (DN) or a Non-Compliance Notification (NCN), the Compliance Officer will include instructions.

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All PIC's must complete and sign this inspection form and have it available for inspection within 15 days of becoming PIC and by 2/1/2023 (as required by OAR 855-019-0300).

Date PIC completed Self-Inspection:

PIC Name:

PIC License #:

PIC **Work** E-mail:

Pharmacy Name:

Address:

City: State: Zip Code:

Telephone: Fax:

DEA #: Exp:

Retail Drug Outlet Registration #:

Nonprescription Drug Outlet Registration #:

Hours of operation:

Please specifically list where the following items are located inside the pharmacy. [OAR 855-001-0040](#) states all records are required to be stored on-site and **MUST be provided to the board immediately upon request at the time of inspection.**

PIC Inspection Reports for the last 3 years:

Quarterly PIC Compliance Audit Forms (if applicable):

CDTM Agreements:

Policies and Procedures

Current Drug Outlet Procedures:

CDTM:

Diversion; Prevention and Supporting Drug Security Documentation:

Drug Take Back Kiosk:

Interpretation Services:

Label Translation (LEP) Services:

Prescription Reader Services:

Telework:

Training Documents

Drug Storage Training Documents:

Initial and annual technician training documents:

Telework:

Controlled Substances

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:

Quarterly CII reconciliations with detailed explanations of all variances:

Immunization Records

Vaccine administration records:

Vaccine Adverse Event Protocol and dedicated supplies:

Current CPR Cards & Immunization Certification documents:

Cold Drug Storage Records

Policies and Procedures:

Temperature logs:

Quarterly validation records:

Drug storage monitoring plan:

Emergency action plan:

Telework Records

Telework written agreement:

Telephone Audio Recordings:

Documentation of patient interactions reviewed:

Still image captures or store and forward prescription information:

Prescriptive Authority

Policies and procedures:

Pharmacist prescribing records:

Training documentation:

You are required to confirm whether or not the outlet 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, President of US, or other US federal official?	OAR 855- 007
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Are staff familiar the COVID-19 resources on the Board of Pharmacy website (COVID Communication Update)? https://www.oregon.gov/pharmacy/Pages/COVID-19.aspx	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are staff wearing masks or appropriate face coverings per current OHA requirements for healthcare settings?	OAR 855-007-0088 OAR 333-019-1011 OAR 333-019-1025

General Requirements

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	4	Are all pharmacy staff trained appropriately for the practice site? Note: This training should include an annual review of the PIC Self-Inspection Report	OAR 855-019-0300(5)(f)

Yes No

Rule Reference

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	5	<p>Are all pharmacy staff aware that Compliance Officers must be permitted to perform the following:</p> <ul style="list-style-type: none">• Inspecting conditions, structures, equipment, materials, and methods for compliance;• Inspecting all drugs and devices;• Taking photographs, recording video and audio; and• Reviewing, verifying and making copies of records and documents. <p>Note:</p> <ul style="list-style-type: none">• All records must be stored as required by ORS 475, ORS 689, and OAR 855.• Must be stored on-site for 12 months and must be provided to the board immediately upon request at the time of inspection.• May be stored in a secured off-site location after 12 months of on-site storage, must be provided to the board upon request within three business days.	OAR 855-001-0040
<input type="checkbox"/>	<input type="checkbox"/>	6	<p>How many pharmacies is the PIC responsible for?</p> <p>Note: A pharmacist may not be designated PIC of more than three pharmacies without prior written approval by the board. This does not include a Pharmacy Prescription Locker (PPL) Affiliated Pharmacy.</p>	OAR 855-019-0300(3)
<input type="checkbox"/>	<input type="checkbox"/>	7	<p>Are the current pharmacy license(s), DEA registration, pharmacist license(s), intern license(s), preceptor license(s) and technician license(s) posted?</p>	ORS 689.615
<input type="checkbox"/>	<input type="checkbox"/>	8	<p>Are pharmacists, technicians, and interns aware that they must report felony arrests, felony, or misdemeanor convictions, and suspected and known violations to the Board within 10 days and suspected or known drug theft within 1 business day?</p> <p>Note: Any theft or significant loss of drug must be reported by the outlet to the Board and DEA within 1 business day.</p> <p>Note: It is the responsibility of the licensee to report any change in email, employment location and home/ mailing address to the Board within 15 days.</p> <p>Visit mylicense/eGov to update.</p>	OAR 855-019-0205 OAR 855-025-0020 OAR 855-031-0020 OAR 855-041-1030 CFR 1301.76(b)
<input type="checkbox"/>	<input type="checkbox"/>	9	<p>Is the PIC/pharmacy aware that a resident pharmacy that terminates or allows a Board licensee to resign in lieu of termination must report the termination or resignation to the Board within 10 working days?</p>	OAR 855-041-1010(2)

Minimum Equipment, Procedures and Records

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	10	<p>Are Drug Outlet Procedures compliant with Oregon laws and rules, and do they reflect the current practice at the outlet?</p> <p>Items to be addressed:</p> <ul style="list-style-type: none"> • Security; • Operation, testing and maintenance of pharmacy systems and equipment; • Sanitation; • Storage of drugs • Dispensing; • Pharmacist supervision, direction, and control of non-Pharmacists; • Documenting the date, time and identification of the licensee and the specific activity or function of the person performing each step in the dispensing process; • Utilization of Certified Oregon Pharmacy Technicians or Pharmacy Technicians; • Certified Oregon Pharmacy Technician or Pharmacy Technician final verification, if utilized; • Drug and/or device procurement • Receiving of drugs and/or devices; • Delivery of drugs and/or devices; • Utilization of Oregon licensed Pharmacist (i.e. DUR, Counseling); • Recordkeeping; • Patient confidentiality; • Continuous quality improvement; <ul style="list-style-type: none"> • Plan for discontinuing and recovering services in the event of closure; • Training: initial and ongoing, and • Interpretation, translation, labeling and prescription reader services 	OAR 855-041-1040
<input type="checkbox"/>	<input type="checkbox"/>	11	<p>Does the PIC prepare and maintain written procedures that describe the tasks that may be performed by technicians, including the methods of verification and documentation of work performed by technicians?</p> <p>Does the PIC review the written procedures annually?</p> <p>Date of PIC review:</p>	OAR 855-025-0025(5)
<input type="checkbox"/>	<input type="checkbox"/>	12	<p>Is the pharmacy providing notification by posting a closed sign at the entrances stating the hours of the pharmacy's operation and when a pharmacist is not in attendance in the pharmacy?</p>	OAR 855-041-1035(1)(g)(C)
<input type="checkbox"/>	<input type="checkbox"/>	13	<p>Is the pharmacy providing notification of accurate hours of operation at each pharmacy entrance?</p>	OAR 855-041-1035(1)(g)(E)

Yes		No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	14	Is the pharmacy ensuring accurate hours of operation are on each telephone greeting and pharmacy-operated internet (e.g. website, social media, mobile applications)?		OAR 855-041-1035(1)(h)
<input type="checkbox"/>	<input type="checkbox"/>	15	Is the pharmacy clean (refrigerator, sink, reconstitution equipment, ventilation ducts, etc.)?		OAR 855-041-1015(2)
<input type="checkbox"/>	<input type="checkbox"/>	16	Does the pharmacy quarantine ALL outdated, damaged, deteriorated, adulterated, misbranded and suspect product? Where are drugs quarantined?		OAR 855-041-1025 OAR 855-041-1036(1)(d) CFR 21 U.S.C 351
<input type="checkbox"/>	<input type="checkbox"/>	17	Is the pharmacy aware that a Drug Take Back Box may be requested free of charge?		https://www.oregon.gov/deq/Hazards-and-Cleanup/hw/Pages/drugtakeback.aspx
<input type="checkbox"/>	<input type="checkbox"/>	18	Is the pharmacy registered with the DEA as an authorized collector for drug take back disposal? <input type="checkbox"/> <input type="checkbox"/> If yes, are the following requirements met? <ul style="list-style-type: none"> • Notify BOP within 30 days of initiating or terminating program • Receptacle stored in secured location, which is accessible to the public, inside the retail drug outlet, and within the view of the pharmacy counter but NOT behind the pharmacy counter • Adequate security measures for proper installation and maintenance of the collection receptacle, tracking of liner, documentation and key accountability maintained • Appropriate training and accountability provided to all parties involved in maintaining the drug take back disposal box 		OAR 855-041-1046
<input type="checkbox"/>	<input type="checkbox"/>	19	Is the pharmacy aware that pseudoephedrine and ephedrine is a Schedule V Controlled Substance?		OAR 855-080-0026
<input type="checkbox"/>	<input type="checkbox"/>	20	Is the pharmacy providing non-prescription pseudoephedrine and ephedrine to patients over the counter? <input type="checkbox"/> <input type="checkbox"/> If yes, are the following requirements met: <ul style="list-style-type: none"> • Store all pseudoephedrine and ephedrine behind the pharmacy counter (inaccessible to the public) • Utilize an electronic system meeting the requirements specified in 2021 HB 2648 • Train staff on the requirements of the: <ul style="list-style-type: none"> ○ Combat Methamphetamine Epidemic Act of 2005 (Title VII of the USA PATRIOT Improvement and Reauthorization Act of 2005, P.L. 109-177), ○ Combat Methamphetamine Enhancement Act of 2010, P.L. 111-268, and ○ Use of the electronic system as described in 2021 HB 2648 		OAR 855-080-0026

Yes No

Rule Reference

			<ul style="list-style-type: none"> o Ensure only a pharmacist, intern or technician participates in the sale • Ensure that all requirements of sale are met: <ul style="list-style-type: none"> o Verify purchaser is 18 years or older o Verify identity of purchaser with valid government issued ID o Confirm the purchase is permitted via the electronic system o Document the purchase with required information • All sales of pseudoephedrine or ephedrine are subject to quantity limit restrictions: <ul style="list-style-type: none"> o No more than 3.6 grams in 24-hour period and 9 grams in a 30-day period • Only licensed personnel (i.e. Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician) may sell non-prescription pseudoephedrine or ephedrine to the purchaser <p>Note: Non-licensed personnel may not sell nonprescription pseudoephedrine and ephedrine</p>	
<input type="checkbox"/>	<input type="checkbox"/>	21	<p>Are prescription labels available in all 14 languages required, and made available if requested by the patient or patient's agent?</p> <p>What is the outlet's process to ensure that LEP labels are available at the time of request?</p> <p>Note: The prescription must bear a label in both English and the language requested.</p>	<p>OAR 855-041-1132 ORS 689.564</p>
<input type="checkbox"/>	<input type="checkbox"/>	22	<p>Does the pharmacy have signage easily seen by the public which provides patient notification in each of the languages required in OAR 855-041-1132 of the right to free, competent oral interpretation and translation services, including translated prescription labels?</p> <p>Dual Language Labeling Sign for Pharmacies</p>	<p>OAR 855- 041-1035 (1)(e)(B) OAR 855-041-1133</p>
		23	<p>How does the pharmacy notify each person to whom a prescription drug is dispensed that a prescription reader is available to the person upon request?</p> <p>How does the pharmacy make prescription readers available for visually impaired patients at the time of their request?</p>	<p>OAR 855-041-1131 ORS 689.561</p>

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	24	<p>Is the pharmacy, using language provided by the OHA, notifying each patient receiving a controlled substance about the PDMP before or when the controlled substance is dispensed to the patient?</p> <p>Note: The notification shall include that the prescription will be entered into the system.</p>	OAR 333-023-0815
<input type="checkbox"/>	<input type="checkbox"/>	25	<p>Is the pharmacy aware that a licensee or registrant of the board who obtains any patient information MAY NOT disclose that information to a third party without the consent of the patient except as provided in (a)-(e) of this rule?</p> <p>A licensee may disclose patient information:</p> <p>(a) To the board;</p> <p>(b) To a practitioner, Oregon licensed Pharmacist, Intern, Pharmacy Technician, or Certified Oregon Pharmacy Technician, if disclosure is authorized by an Oregon licensed Pharmacist who reasonably believes that disclosure is necessary to protect the patient's health or wellbeing; or</p> <p>(c) To a third party when disclosure is authorized or required by law; or</p> <p>(d) As permitted pursuant to federal and state patient confidentiality laws; or</p> <p>(e) To the patient or to persons as authorized by the patient.</p> <p>Is the pharmacy aware that a licensee or registrant of the board MAY NOT access or obtain any patient information unless it is accessed or obtained for the purpose of patient care except as provided in (1)(a)-(e) of this rule?</p>	OAR 855-041-1055(1)(2)

Pharmacy Closures: Temporary, Permanent or Emergency

[Report a Temporary or Emergency Pharmacy Closure](#)

[Report a Permanent Pharmacy Closure](#)

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	26	<p>Is the pharmacy aware of and following the requirements to notify the board and public of temporary closures?</p> <ul style="list-style-type: none"> • Post notification of closure on each pharmacy entrance as soon as the need to deviate from the posted hours is known by the pharmacy, but no later than 2 hours after the temporary closure begins. The posting must include: <ul style="list-style-type: none"> ○ Estimated period of time the pharmacy will be closed; and ○ Options for prescription pick-up (e.g., another local pharmacy, contact prescriber for new prescription, reverse processed prescriptions). ○ Note federal and state holidays are exempt from this section requirements 	OAR 855-041-1092(1)

			<ul style="list-style-type: none"> • Post notification of closure on each telephone greeting and pharmacy operated internet (e.g., website, social media, mobile applications) as soon as possible. The posting must include: <ul style="list-style-type: none"> ○ Estimated period of time the pharmacy will be closed; and ○ Options for prescription pick-up (e.g., another local pharmacy, contact prescriber for new prescription, reverse processed prescriptions). • If the pharmacy is temporarily closed greater than 2 consecutive business days, notify the board office as soon as possible but no later than 72 hours after the temporary closure begins with the date and time the closure began, anticipated date and time of re-opening, and the reason for the temporary closure. 	
<input type="checkbox"/>	<input type="checkbox"/>	27	<p>Is the pharmacy aware and following the requirements to notify the board and public of permanent closures?</p> <ul style="list-style-type: none"> • Prior to closing, the pharmacy must comply with the following: <ul style="list-style-type: none"> ○ Provide notification to each patient who has filled a prescription within the previous 12 months. This notification must be made a minimum of 15 calendar days prior to closing and must include: <ul style="list-style-type: none"> ▪ The last day the pharmacy will be open; ▪ Name, address, and telephone number of the pharmacy that will take possession of the pharmacy records or the person who will serve as the custodian of records; ▪ Instructions on how patients can arrange for transfer of their pharmacy records to a pharmacy of their choice; and ▪ The last day a transfer may be initiated. ○ The notification must be made via: <ul style="list-style-type: none"> ▪ Distribution by direct mail or written notice with each prescription dispensed; ▪ Public notice in a newspaper of general circulation, if available, in the area served by the pharmacy; and ▪ Posting a closing notice on each pharmacy entrance, on each telephone greeting, and pharmacy-operated internet (e.g. website, social media, mobile applications). ▪ Note: In addition to requirements above, the pharmacy may also provide notification via email or text. ○ Provide any new patients filling prescriptions during the 15-calendar day period prior to the pharmacy closing with written notification that includes: <ul style="list-style-type: none"> ▪ The last day the pharmacy will be open; ▪ Name, address, and telephone number of the pharmacy to which pharmacy records will 	<p>OAR 855-041-1092(2)</p>

		<p>be transferred or the person who will serve as the custodian of pharmacy records;</p> <ul style="list-style-type: none"> ▪ Instructions on how patients can arrange for transfer of their pharmacy records to a pharmacy of their choice; and ▪ The last day a transfer may be initiated. <ul style="list-style-type: none"> ○ Notify DEA of any controlled substances being transferred to another registrant as specified in 21 CFR 1301.52 (04/01/2021). <ul style="list-style-type: none"> • On the date of closing or up to 24 hours after the permanent closure begins, the Pharmacist-in-charge must comply with the following: <ul style="list-style-type: none"> ○ Complete and document an inventory of all controlled substances. ○ If the pharmacy dispenses prescriptions: <ul style="list-style-type: none"> ▪ Transfer the prescription drug order files, including refill information, and patient medication records to a licensed pharmacy or to an Oregon licensed Pharmacist who will serve as the custodian of records; ▪ Update the pharmacy operating status with each electronic prescribing vendor; and ▪ Remove all signs and symbols indicating the presence of the pharmacy including pharmacy-operated internet (e.g. website, social media, mobile applications). • After closing. Within 30 calendar days after the closing of the pharmacy, the Pharmacist-in-charge must: <ul style="list-style-type: none"> ○ Complete and document an inventory of all non-controlled drugs and devices. ○ Remove all prescription and non-prescription drugs, devices, and related supplies from the pharmacy by one or a combination of the following methods: <ul style="list-style-type: none"> ▪ Return to manufacturer or supplier (credit or disposal); ▪ Transfer (sell or give away) to a licensed healthcare professional or outlet who is legally authorized to possess drugs; or ▪ Destroy and document the destruction by two board licensees. For controlled substances, the registrant must comply with 21 CFR 1304.21 (4/1/2021), 21 CFR 1304.22 (4/1/2021), 21 CFR 1317.05 (4/1/2021), 21 CFR 1317.90 (4/1/2021) and 21 CFR 1317.95 (4/1/2021). • Provide the board a written notice of the closing on a board prescribed form which includes the following information: <ul style="list-style-type: none"> ○ Date of closing to the public and discontinuance of the business; 	
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			<ul style="list-style-type: none"> ○ Date and time the inventory of all prescription drugs and devices was conducted; ○ Name, address, phone number and applicable registration number where all legend and controlled substances possessed by the pharmacy were transferred or disposed; ○ If drugs were destroyed, name and license numbers of individuals that who witnessed the destruction; ○ If the pharmacy is registered to possess controlled substances, confirmation that the pharmacy complied with all applicable federal requirements in 21 CFR 1301.52 (04/01/2021) for discontinuing operation as a pharmacy that dispenses controlled substances. ○ The name, address and phone number of the pharmacy that took possession of the pharmacy records or the Oregon licensed Pharmacist who is serve as the custodian of pharmacy records which must be maintained according to OAR 855-041-1160; ○ Confirmation all pharmacy labels and blank prescriptions were destroyed; ○ Confirmation all signs and symbols indicating the presence of the pharmacy including pharmacy-operated internet (e.g., website, social media, mobile applications) have been removed; and ○ Confirmation that each registration certificate issued to the pharmacy by the board has been mailed to the board office. <ul style="list-style-type: none"> ● Once the pharmacy has notified the board that the pharmacy is permanently closed, the license may not be renewed. The pharmacy may apply for a new license as specified in OAR 855-041-1080. ● Unless a registration has expired, the registration will remain active until the board has notified the registrant that the notice of permanent closure has been received and the registration has been lapsed. 	
		28	<p>Is the pharmacy aware of the following requirements for Emergency closing?</p> <ul style="list-style-type: none"> ● If the pharmacy closes suddenly due to fire, destruction, natural disaster, death, property seizure, eviction, bankruptcy, inclement weather, or other emergency circumstances and the PIC cannot provide notification as required in OAR 855-041-1092(1), the PIC must comply with the provisions of OAR 855-041-1092 (1) as far in advance or as soon after the closing as allowed by the circumstances. 	OAR 855-041-1092(3)

Controlled Substances

Yes	No		Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<p>29 Is the pharmacy identifying and CLEARLY DOCUMENTING AND EXPLAINING ALL VARIANCES on CII reconciliations?</p> <p>Note: The Board considers a reconciliation to be an accurate <u>accounting</u> of the outlet's true inventory, performed at least quarterly.</p> <p>If these records are maintained electronically, they must be accessible and producible at the time of inspection (audit, variances, and explanations or documentation showing that no discrepancies were identified).</p> <p>Note: Providing the count at the time of the reconciliation is not sufficient to meet this requirement. Working copies or documentation showing the audit and all variance explanations for all CIIs must be kept and will be requested for review at time of inspection.</p>	OAR 855-019-0300(5)(e)(h)
<input type="checkbox"/>	<input type="checkbox"/>	<p>30 Is the PIC/pharmacy reporting the theft or significant loss of a controlled substance to the Board and DEA within 1 business day?</p>	OAR 855-019-0205(6) OAR 855-041-1030 CFR 1306.76(b)
<input type="checkbox"/>	<input type="checkbox"/>	<p>31 Are on-hand quantity changes of controlled substances reviewed?</p> <p>If so, how often and by whom?</p> <p>Who is permitted to make on-hand changes?</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<p>32 Was the controlled substance (CII-V) inventory performed on one day, within 12 months (367 days) of the last inventory?</p> <p>Date of last annual CII-V inventory:</p> <p>Note:</p> <ul style="list-style-type: none"> Inventory includes drugs in LTC e-kits, drugs used for compounding, items in the refrigerator, automated dispensing machines, outdated controlled substances. 24-hour pharmacies must indicate the time frame in which the inventory was completed. Non 24-hour pharmacies must indicate if the inventory was completed before opening or after closing. 	OAR 855-080-0070
<input type="checkbox"/>	<input type="checkbox"/>	<p>33 Is the annual CII inventory filed separately from the CIII-CV inventory and are CII invoices and prescriptions filed separately from other prescriptions and invoices?</p>	21 CFR 1304.04

Yes	No		Rule Reference	
		34	How does the PIC/pharmacy maintain the security of controlled substances that have been quarantined (outdated, adulterated, misbranded or is a suspect product)?	OAR 855-041-1020

Security

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	35	When a pharmacist is not physically present in the pharmacy, are <u>computers, records and medications properly secured</u> to prevent entry and access to records by non-pharmacist employees?	OAR 855-041-1020(3) OAR 855-041-2100 OAR 855-041-1015(1)
<input type="checkbox"/>	<input type="checkbox"/>	36	Can technicians process/receive prescriptions or access records before a pharmacist arrives or after the pharmacist leaves?	OAR 855-041-1020(3)

Support Personnel

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	37	Are pharmacists, interns and technicians clearly identified as such to the public?	OAR 855-025-0025(3)
<input type="checkbox"/>	<input type="checkbox"/>	38	Are technicians completing initial training that includes on-the-job and related education that is commensurate with the tasks that the technician will perform, prior to the performance of those tasks? Is the outlet providing initial and ongoing technician training to ensure the continuing competency of Certified Oregon Pharmacy Technicians and Pharmacy Technicians? How does the PIC ensure the continuing competency of Pharmacy Technicians or Certified Oregon Pharmacy Technicians?	OAR 855-025-0025(6)
<input type="checkbox"/>	<input type="checkbox"/>	39	Does each technician know at all times the pharmacist that is supervising, directing, and controlling them during any given shift?	ORS 689.486 OAR 855-025-0023(2)(c)
<input type="checkbox"/>	<input type="checkbox"/>	40	Do technicians know they cannot communicate with patients in terms of drug class or indication/use (such as when a patient asks for a refill of their "diabetes medication")?	OAR 855-025-0040(3)(e)

Yes	No			Rule Reference
			<p>Note: A pharmacist may not permit, and Technicians and unlicensed personnel may not:</p> <ul style="list-style-type: none"> • Counsel, make the offer to counsel on a new prescription and any changes in therapy, accept a request to not be counseled, release a prescription which requires counseling prior to a pharmacist or intern offering counseling, or document the counseling interaction. • Perform a DUR or any task that requires the professional judgement of a pharmacist • Communicate with patients about their medication in terms of drug class or indicate/use/diagnosis (e.g. when a patient asks for a refill of their “diabetes medication) • Include info about new oral rxs and transfers? • Engage in the practice of pharmacy as defined in ORS 689 	OAR 855-019-0200(2)(3) OAR 855-019-0230
<input type="checkbox"/>	<input type="checkbox"/>	41	<p>Is all work performed by a technician that requires judgment verified by a pharmacist?</p> <p>How is pharmacist verification of technician work documented?</p>	OAR 855-025-0025(4)

Pharmacists

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	42	<p>Does the pharmacist perform a DUR for all prescriptions (new and refilled) prior to dispensing or preparing for administration?</p> <p>How is a DUR performed? Please provide the following details:</p> <p>At which point in the process does a pharmacist perform a DUR?</p> <p>Does this process vary depending on the type of fill (new vs refill)?</p> <p>How is a DUR documented?</p> <p>Note: A Pharmacist must perform a DUR on each fill (the computer may assist but does not replace the RPH)</p>	OAR 855-019-0220(3)

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	43	Is the Prescription Drug Monitoring Program (PDMP) utilized when performing a DUR on all controlled substances and gabapentin?	
<input type="checkbox"/>	<input type="checkbox"/>	44	Does the pharmacist capture and maintain allergies and chronic medical conditions for new and existing patients?	OAR 855-019-0220(1) OAR 855-041-1165
<input type="checkbox"/>	<input type="checkbox"/>	45	Does the PIC verify that policies and procedures are followed to ensure that prescriptions are correctly dispensed?	OAR 855-041-1105 OAR 855-019-0210(1)
<input type="checkbox"/>	<input type="checkbox"/>	46	When pharmacists or interns receive a telephone prescription, are they documenting their name, the date and the name of the person transmitting the prescription?	OAR 855-019-0210 OAR 855-041-1105
<input type="checkbox"/>	<input type="checkbox"/>	47	Does the pharmacist document verification of 'return to stock' medications re-labeled by a technician or intern?	OAR 855-025-0025(4) OAR 855-019-0200
<input type="checkbox"/>	<input type="checkbox"/>	48	Is a pharmacist ensuring each prescription is dispensed with a correct expiration date? Note: Expiration dates on prescriptions must not exceed: <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 and dispensed. Any drug expiring before the expected length of time for the course of therapy must not be dispensed.	OAR 855-019-0200(2) OAR 855-041-1130(10)(11)
<input type="checkbox"/>	<input type="checkbox"/>	49	Is the Product Identification Label (PIL) on each dispensed prescription, other than prescriptions dispensed in unit dose or unit of use packaging?	OAR 855-041-1130(12)
<input type="checkbox"/>	<input type="checkbox"/>	50	Is a pharmacist or intern orally counseling on new and refill prescriptions requiring counseling and including information necessary to promote the safe use of the medication?	OAR 855-019-0230(1)(a) OAR 855-019-0230(2)
		51	How is a new prescription identified as requiring counseling?	OAR 855-019-0230
		52	How does a pharmacist identify a prescription refill as requiring counseling? Note: Using their professional judgment, only a pharmacist can determine if a prescription renewal requires counseling.	OAR 855-019-0230
<input type="checkbox"/>	<input type="checkbox"/>	53	Is the pharmacist/intern personally documenting whether counseling is provided or declined on prescriptions that require counseling at the time of the counseling?	OAR 855-019-0230(1)(c)

Drug Storage

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	54	<p>Does each active cold storage system maintain the temperature of refrigerated products between 2-8°C (35-46°F) and frozen products between -25 to -10°C (-13 to 14°F) or as specified by the manufacturer?</p> <p>Note: An excursion is any temperature outside of these specified parameters for any amount of time.</p>	OAR 855-041-1036 (2)(a)(A)
<input type="checkbox"/>	<input type="checkbox"/>	55	<p>Are the thermometers/probes centrally placed, accurate and calibrated?</p> <p>When is the next <u>calibration due</u> (to ensure temperature readings are correct)?</p> <p>When was the last calibration done?</p>	OAR 855-041-1036(2)
<input type="checkbox"/>	<input type="checkbox"/>	56	Is there documented training for ALL pharmacy personnel related to the drug storage monitoring plan?	OAR 855-041-1036(2)
<input type="checkbox"/>	<input type="checkbox"/>	57	<p>Do all explanations and documentation of ALL drug storage excursions include at least all the following?:</p> <ul style="list-style-type: none"> • The event date & time frame; • The name of person(s) involved in response; • Pharmacist review of duration and variance; • Action(s) taken <ul style="list-style-type: none"> ○ The decision to quarantine product for destruction each drug/vaccine affected or that each drug/vaccine affected is safe for continued use; ○ This documentation must include details of the information source • Which pharmacist made the final decision 	OAR 855-041-1036(2)(b)(D-E)
		58	Where is the emergency action plan for all refrigerated and frozen medications and vaccines located?	OAR 855-041-1036

Vaccine Drug Storage

N/A

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	59	Does the pharmacy store vaccines in the temperature stable sections of the refrigerator?	OAR 855-041-1036(3)(a)(A)
<input type="checkbox"/>	<input type="checkbox"/>	60	Does each active vaccine storage unit utilize a system of <i>continuous</i> temperature monitoring with automated data logging?	OAR 855-041-1036(3)(d)

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	61	<p>Does the pharmacy conduct quarterly validations of EACH vaccine storage unit and their monitoring equipment?</p> <p>When is the next validation due?</p> <p>Note: Quarterly validations are not the same as the thermometer calibrations</p>	OAR 855-041-1036(3) (a)(D)

Vaccine Administration N/A
Prescriptive Authority is per OHA vaccine protocol

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	62	Do all immunizing pharmacists/interns have a current CPR card intended for healthcare providers that contains a hands-on training component and is valid for not more than three years?	OAR 855-019-0270 OAR 855-019-0290(3)
<input type="checkbox"/>	<input type="checkbox"/>	63	Does the pharmacy have required equipment and supplies for managing adverse events? Note: Please see OHA Oregon Pharmacy Protocols for Immunization for current Guidelines for managing adverse events.	OAR 855-019-0270
<input type="checkbox"/>	<input type="checkbox"/>	64	Does each pharmacist check ALERT as required by OHA Immunizations protocols?	OAR 855-019-0290
<input type="checkbox"/>	<input type="checkbox"/>	65	Is the pharmacist/intern who administers any vaccine recording and maintaining the following information: <ul style="list-style-type: none"> Name, address, gender, date of birth of the patient and phone number when available; Date of administration; injection site; Vaccine name, dose, manufacturer, lot number and expiration date; Identity of administering pharmacist; the date of the publication of the VIS ; and the date the VIS was provided?	OAR 855-019-0290

Final Verification N/A

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	66	Are the pharmacy and staff aware that “final verification” means, after prescription information is entered into a pharmacy’s electronic system and reviewed by a pharmacist for accuracy, a physical verification that the drug and drug dosage, device or product selected from a pharmacy’s inventory pursuant to the electronic system entry <u>is the prescribed drug and drug dosage, device, or product.</u>	ORS 689.005 OAR 855-005-0006(18) OAR 855-019-0200(5)(6) OAR 855-025-0023(4)
<input type="checkbox"/>	<input type="checkbox"/>	67	If the pharmacist chooses to delegate final verification to a technician, has the pharmacist used their reasonable professional judgment in making this determination? Note:	OAR 855-005-0006(43) OAR 855-019-0200(5)(6) OAR 855-025-0023(4) ORS 689.005

Yes	No			Rule Reference
			<ul style="list-style-type: none"> Only the PHARMACIST may delegate “final verification” “Reasonable professional judgment” means an objectively reasonable and impartial belief, opinion or conclusion held with confidence, and founded on appropriate professional knowledge, skills, abilities, qualifications, and competencies, after careful review, analysis and consideration of the relevant subject matter and all relevant facts and circumstances that were then known by, or reasonably available to, the person or party holding such belief, opinion, or conclusion. 	
<input type="checkbox"/>	<input type="checkbox"/>	68	<p>Does the pharmacist supervise the technician that they have delegated “final verification” to?</p> <p>How does the pharmacist supervise technicians performing “final verification”?</p>	OAR 855-019-0200(5)(6) OAR 855-025-0023(4) ORS 689.005
<input type="checkbox"/>	<input type="checkbox"/>	69	<p>Does the supervising pharmacist ensure that the technician performs a physical (i.e. in person) “final verification”?</p> <p>How does the supervising pharmacist do this?</p>	OAR 855-019-0200(5)(6) OAR 855-025-0023(4) ORS 689.005
<input type="checkbox"/>	<input type="checkbox"/>	70	<p>If a technician performs final verification on the drug and dosage, is a pharmacist performing verification on the remaining items such as prescription label, appropriate auxiliary labels, expiration date, quantity?</p>	OAR 855-019-0200(5)(6) OAR 855-025-0023(4) ORS 689.005
<input type="checkbox"/>	<input type="checkbox"/>	71	<p>Is the supervising pharmacist aware that a technician may not use discretion when performing “final verification”?</p> <p>How does each supervising pharmacist ensure that technicians do not use discretion when performing “final verification”?</p>	OAR 855-019-0200(5)(6) OAR 855-025-0023(4) ORS 689.005

Collaborative Drug Therapy Management (CDTM) N/A

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	72	<p>Do pharmacists participate in Collaborative Drug Therapy Management (CDTM)?</p> <p>Examples: Diabetes management, anticoagulation, hypertension.</p>	OAR 855-019-0260

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	73	<p>Does the written CDTM agreement contain the following:</p> <ul style="list-style-type: none"> • Identification of the participating pharmacist(s) and practitioner(s) • The name of the principal pharmacist and practitioner who are responsible for development, training, administration, and quality assurance of the arrangement • The types of decisions that the pharmacist is allowed to make and when the pharmacist should initiate communications with the practitioner 	OAR 855-019-0260 (2)(a-g) and (3)
<input type="checkbox"/>	<input type="checkbox"/>	74	Are CDTM agreements being reviewed and updated at least every two years?	OAR 855-019-0260(2)(h)
<input type="checkbox"/>	<input type="checkbox"/>	75	<p>Are the practitioner and pharmacist identified on each prescription order?</p> <p>Note: The practitioner is the individual who referred the patient for treatment under the CDTM agreement. For a prescription ordered by a pharmacist under CDTM to be valid, the practitioner must be identified as the prescriber.</p>	OAR 855-019-0260 (2)(a-b)

Pharmacist Prescriptive Authority: (Public Health & Pharmacy Formulary Advisory Committee) N/A

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	76	<p>Do pharmacists at this location prescribe and dispense FDA approved drugs and devices included on either the Formulary or Protocol Compendia?</p> <p>Please list all Prescriptive Authority Protocols that the outlet's pharmacists are participating in.</p> <p>Note:</p> <ul style="list-style-type: none"> • Be prepared to show these records at the time of inspection. • Please update eGov profiles to include this information 	OAR 855-020-0200 OAR 855-020-0300 OAR 855-020-0120
<input type="checkbox"/>	<input type="checkbox"/>	77	Do pharmacists prescribe any drugs or devices to self or a spouse, domestic partner, parent, guardian, sibling, child, aunt, uncle, grandchild, and grandparent, including foster, in-law, and step relationships or other individual for whom a pharmacist's personal or emotional involvement may render the pharmacist unable to exercise detached professional judgment in prescribing?	OAR 855-020-0120

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	78	Do pharmacists follow the protocols when prescribing a Drug or device included on the Formulary or Protocol Compendia? Is the pharmacist maintaining all records associated with prescribing and other related activities performed for a minimum of 10 years? Where are these records kept?	OAR 855-020 OAR 855-020-0110
<input type="checkbox"/>	<input type="checkbox"/>	79	Are pharmacists aware that they can provide protocol feedback to the Public Health & Pharmacy Formulary Advisory Committee (PHPFAC) at www.oregon.gov/pharmacy/Pages/PFAC.aspx ?	

Pharmacist Prescriptive Authority: Contraceptives N/A

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	80	Do pharmacists at this location prescribe hormonal contraceptives? Where are records located? (Including Questionnaire, Visit Summary, prescription, etc.) Be prepared to show records at time of inspection. It is recommended to keep these records in a separate file/or log for easy retrieval. Note: A clinical visit is required every 3 years.	OAR 855-019-0425 OAR 855-019-0430 OAR 855-019-0435
<input type="checkbox"/>	<input type="checkbox"/>	81	Is the pharmacist taking the patient's blood pressure (BP)? When the BP is not within range of the protocol (either reading is $\geq 140/90$ for oral contraception or $\geq 160/100$ for Depot Medroxyprogesterone) are pharmacists referring patients to primary care provider, not prescribing the hormonal contraceptive, and documenting the encounter? Note: If the BP is out of range, a second BP reading may be taken and recorded before referring patient.	OAR 855-019-0425

Pharmacist Prescriptive Authority: Naloxone

N/A

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	82	Do pharmacists at this location prescribe naloxone to individuals or entities?	OAR 855-019-0460 OAR 855-041-2340
		83	If yes, does the pharmacy provide written notice about naloxone accessibility in a conspicuous manner?	OAR 855-041-2340(3)

Pharmacist Prescriptive Authority: Emergency Insulin and Supplies

N/A

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	84	Have any pharmacists completed a Board approved ACPE accredited training program to prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies, not including insulin pump devices?	OAR 855-019-0470
<input type="checkbox"/>	<input type="checkbox"/>		If so, is the pharmacist ensuring that the person has evidence of a previous prescription from a licensed health care provider and are they prescribing the lesser of a 30-day supply or the smallest available package size, and not more than three emergency refills and supplies in a calendar year?	

Telework

N/A

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	85	Does pharmacy staff (Pharmacist, Intern, or technician) work on behalf of the drug outlet pharmacy from a location physically outside of the pharmacy (i.e. their home)? Note: This is considered telework at a telework site by the board. This is not applicable to pharmacists not working on behalf of a board registered drug outlet and the technicians who are assisting those pharmacists. <ul style="list-style-type: none"> If the answer is No to this question, please proceed to the next set of questions. 	OAR 855-041-3205
<input type="checkbox"/>	<input type="checkbox"/>	86	Does the pharmacy ensure that? <ul style="list-style-type: none"> Only an OR licensed Pharmacist, Intern, and technician are providing pharmacy services to Oregon patients All licensees comply with applicable federal and state laws and rules; and NO DRUGS or DEVICES are permitted at a telework site 	OAR 855-041-3215 OAR 855-041-3235
		87	How does the PIC and the supervising Pharmacist ensure the supervision, direction, and control of each technician?	OAR 855-041-3215 OAR 855-041-3220

Yes No

Rule Reference

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	88	Does the pharmacy have a written agreement that includes all conditions, duties and policies governing the licensee engaged in telework activities?	OAR 855-041-3215 OAR 855-041-3245
<input type="checkbox"/>	<input type="checkbox"/>	89	Does the pharmacy maintain a continuously updated list of all licensees engaged in telework and the Telework Sites that includes all of the following: <ul style="list-style-type: none">• Address and phone number where telework is performed for each Telework Site?• Functions being performed by licensees engaged in telework?• The Pharmacist providing supervision, direction, and control for each non-pharmacist licensee?	OAR 855-041-3215 OAR 855-041-3250
<input type="checkbox"/>	<input type="checkbox"/>	90	Are all of the following supervision requirements met? <ul style="list-style-type: none">• Utilize technology that enables real-time audio and visual connections and interface to allow access to information required to complete assigned duties• Ensure telephone audio is recorded, reviewed, and stored, for all patient interactions completed by each Intern and technicians• Ensure a pharmacist is supervising, directing, and controlling each Intern and technician and that the continuous audio/visual connection is fully operational• Ensure that a pharmacist using professional judgment, determines the frequency of "check-ins" for each licensee being supervised via the real-time audio and visual connection with a minimum of at least once per work shift, and documents the interaction• Ensure a pharmacist is readily available to answer questions and fully responsible for the practice and accuracy of the licensee; and• Ensure the Intern or technician knows the identity of the Oregon licensed Pharmacist who is providing supervision, direction, and control at all times• Provide adequate staff to allow the pharmacist to complete required technician reviews	OAR 855-041-3220
<input type="checkbox"/>	<input type="checkbox"/>	91	Are all of the following supervision requirements met by the Pharmacist? <ul style="list-style-type: none">• Using professional judgment, determine the percentage of patient interactions for each licensee that must be reviewed to ensure public health and safety with a minimum of 5% of patient interactions observed or reviewed• Review patient interactions within 48 hours of the patient interaction to ensure that each licensee is acting within the authority permitted under their license and patients are connected with a pharmacist upon request• Document the following within 48 hours of the review in<ul style="list-style-type: none">○ Number of each licensee's patient interactions;○ Number of each licensee's patient interactions pharmacist is reviewing;○ Date and time of licensee patient interaction pharmacist is reviewing;○ Date and time of pharmacist review of licensee's patient interaction; and○ Pharmacist notes of each interaction reviewed; and	OAR 855-041-3220

			<ul style="list-style-type: none"> Report any violation of OAR 855 to the Oregon registered Drug Outlet Pharmacy within 48 hours of discovery and to the board within 10 days 	
		92	<p>How does the pharmacy ensure patient confidentiality?</p> <p>Note: All computer equipment used at the Telework Site must:</p> <ul style="list-style-type: none"> Establish and maintain a secure connection to the pharmacy and patient information; Utilize equipment that prevents unauthorized access to the pharmacy and patient information; Be configured so that the pharmacy and patient information is not accessible when <ul style="list-style-type: none"> There is no Pharmacist actively supervising There is no licensee at the telework site When any component of the real-time audio-visual connection is not functioning Comply with security and confidentiality requirements 	OAR 855-041-3225 OAR 855-041-3240
<input type="checkbox"/>	<input type="checkbox"/>	93	<p>Is each technician or Intern able to access the pharmacy and patient information when a pharmacist is not actively supervising?</p>	OAR 855-041-3240
<input type="checkbox"/>	<input type="checkbox"/>	94	<p>Are the following technology requirements met?</p> <ul style="list-style-type: none"> Test the continuous audio and visual connection and document that it operates properly before engaging in telework. Develop, implement, and enforce a plan for responding to and recovering from an interruption of service which prevents a pharmacist from supervising, directing, and controlling the Intern and technicians at the Telework Site Ensure access to: <ul style="list-style-type: none"> Appropriate and current pharmaceutical references based on the services offered; and Appropriate and current Oregon Revised Statutes, Oregon Administrative Rules, United States Code, Code of Federal Regulations, standards adopted by reference (e.g. USP) based on services offered by the outlet and a minimum of three years of the Board of Pharmacy quarterly newsletters. Train the Pharmacists, Interns, and technicians in the operation of continuous audio and visual connection 	OAR 855-041-3230
<input type="checkbox"/>	<input type="checkbox"/>	95	<p>If a pharmacist is performing verification via telework, are all of the following requirements met?</p> <ul style="list-style-type: none"> Use still image capture or store and forward for verification of prescriptions with a camera that is of sufficient quality and resolution so that the Pharmacist from the Oregon registered Drug Outlet Pharmacy can visually identify each <ul style="list-style-type: none"> Source container including manufacturer, name, strength, lot, and expiration; Dispensed product including the imprint and physical characteristics; Completed prescription container including the label; and Ancillary document provided to patient at the time of dispensing 	OAR 855-041-3230(5)

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	96	Are all records maintained with in the requirements of OAR 855-041-3250?	OAR 855-041-3250

Long Term Care (LTC) / Community Based Care (CBC) Services N/A

Yes	No	N/A		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97	Is the pharmacy or pharmacists assisting in the establishment and supervision of the policies & procedures for the safe storage, distribution, administration, & disposal of drugs and for professional advice/medication counseling of patients and/or caregivers?	OAR 855-041-7060(1)
			98	Are emergency drug kits provided to any facilities? Does each facility's license allow them to have an emergency drug kit? If yes, how does a pharmacist verify and document verification of the kit?	OAR 855-041-7060(2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99	Is the pharmacy ensuring that only a licensed nurse is accessing the emergency drug kit or on-site pharmacy pursuant to OAR 855-041-6310 AND that there is a practitioner's order to authorize the removal of medications? How is this being ensured?	OAR 855-041-7060(2)(b) OAR 855-041-7060(5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	If the pharmacy accepts the return of previously dispensed prescriptions, is the facility in compliance with OAR 855-041-1045?	OAR 855-041-1045
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101	Does the pharmacy dispense medications that have been previously dispensed and returned? If so, under what circumstances?	OAR 855-041-1045(3)

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102	<p>Are prescriptions provided to patients in a Skilled Nursing Facility (SNF) and/or Immediate Care Facility (ICF)?</p> <p>If yes, what is the outlet's Institutional Drug Outlet Registration #?</p> <p>Registration #:</p>	OAR 855-041-5005 OAR 855-041-5015 OAR 855-041-7050
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103	<p>Are all partially dispensed CII prescriptions (Note: Valid for up to a maximum of 60 days from the date written) documented with the following?</p> <ul style="list-style-type: none"> • "LTCF patient" or "terminally ill" • Date of partial fill • Quantity dispensed • Remaining quantity authorized to be dispensed • Identification of the dispensing pharmacist for each partial fill 	21 CFR 1306.13

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 staff and the answers marked on this form are true and correct.

Signature of PIC:

Printed Name of PIC:

License #:

Date:

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

If the pharmacy is a Remote Dispensing Site (RDSP) Affiliated Pharmacy for a Remote Dispensing Site Pharmacy (RDSP), please complete the RDSP Self-Inspection form located on the Board Website.

