



**2025  
RETAIL DRUG OUTLET  
SELF-INSPECTION FORM**

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

Failure to complete this form by July 1, 2025, 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 ([OAR 855-115-0205\(1\)\(a\)\(b\)\(c\)](#)):

- 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.

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 Compliance Officer 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 may 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 any auxiliary documents referenced within it at the time of inspection.

Email all compliance-related questions to: [pharmacy.compliance@bop.oregon.gov](mailto:pharmacy.compliance@bop.oregon.gov)

**2025  
RETAIL DRUG OUTLET  
SELF-INSPECTION FORM**

**The PIC must complete and sign this inspection form and have available for inspection within 15 days of becoming PIC and by 7/1/2025 (OAR 855-115-0210).**

Date PIC completed Self-Inspection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PIC Name: \_\_\_\_\_ RPH License # : \_\_\_\_\_

PIC **Work** E-mail: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DEA Registration #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Retail Drug Outlet Registration #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nonprescription Drug Outlet Registration #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Institutional Drug Outlet Registration #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hours of operation: \_\_\_\_\_

**Please list where the following items are specifically located inside the pharmacy. Once located, ensure each is compliant and reflects current practices within the outlet. Unless otherwise specified, documents are to be retained for 3 years (the first year must be on site) and must be provided to the Board upon request, as outlined in [OAR 855-104-0055](#).**

**Policies, Procedures, and Protocols (list policy # and location)**

- Drug Outlet Procedures
- Diversion Prevention and Drug Security
- Language Services (to include Prescription Reader, Label Translation, and Interpreter Services)
- Managing Adverse Reactions (for vaccinations)
- Telework (to include agreements, prescriptions, etc.)
- Collaborative Drug Therapy Management (CDTM)

## **Trainings / Certifications**

- Initial and ongoing Technician Training
- Immunization Training and CPR Certification
- Drug Take-Back Box Training

## **Controlled Substance Records (for the last 3 years)**

- Annual Controlled Substance Inventory and Reconciliations
- Quarterly C-II Reconciliations
- Completed C-II Order Forms (DEA 222 and/or CSOS)
- C-II Invoices
- C-III through C-V Invoices
- DEA Form 106
- Invoices for Controlled Substance Returns (to include executed DEA 222 Forms for reverse distribution)

## **Cold Drug Storage**

- Policies and Procedures (to include storage, monitoring, and emergency action plan)
- Temperature Monitoring Data
- 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)
- Calibration Certificates
- Quarterly Validations (for all vaccine storage units)

**Prescriptive Authority** (Public Health and Pharmacy Formulary Advisory Committee (PHPFAC), including statewide drug therapy management protocols and formulary. and short acting opioid antagonists)

- Policies and procedures
- Training
- Prescribing records

**INSTRUCTIONS:** Verify compliance of each section by marking the corresponding box. Should any non-compliance be identified, rectify the deficiencies and record the correction date

## General Requirements

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	1.	Is the pharmacy clean (refrigerator, sink, reconstitution equipment, ventilation ducts, etc.)?	<a href="#">OAR 855-041-1015(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	2.	Are the following current, and conspicuously posted? (check once verified) <ul style="list-style-type: none"> <li><input type="checkbox"/> Pharmacy registration(s)</li> <li><input type="checkbox"/> DEA registration</li> <li><input type="checkbox"/> Pharmacist license(s)</li> <li><input type="checkbox"/> Preceptor license(s)</li> <li><input type="checkbox"/> Intern license(s)</li> <li><input type="checkbox"/> Technician license(s)</li> <li><input type="checkbox"/> Laboratory license (if applicable)</li> </ul>	<a href="#">ORS 689.615</a> <a href="#">OAR 855-041-1190(2)(a)</a> <a href="#">OAR 855-115-0105(11)</a> <a href="#">OAR 855-120-0105(3)(i)</a> <a href="#">OAR 855-120-1070(3)(a)</a> <a href="#">OAR 855-125-0105(3)(j)</a>
<input type="checkbox"/>	<input type="checkbox"/>	3.	Are all pharmacy staff aware that Compliance Officers must be permitted to perform the following? <ul style="list-style-type: none"> <li>Inspect conditions, structures, equipment, materials, and methods for compliance</li> <li>Inspect all drugs and devices</li> <li>Take photographs, recording video and audio; and</li> <li>Review, verify, and make copies of records and documents</li> </ul>	<a href="#">OAR 855-104-0055</a> <a href="#">OAR 855-104-0115</a>
<input type="checkbox"/>	<input type="checkbox"/>	4.	Are all licensees aware that they must report: <ul style="list-style-type: none"> <li>Confirmed significant <b>drug loss within 1 business day?</b></li> <li><b>Any loss related to suspected drug theft of a controlled substance within 1 business day</b></li> <li>Felony arrests OR convictions, misdemeanor convictions, and suspected or known violations of state pharmacy laws and rules to the Board <b>within 10 days?</b></li> <li>Changes in legal name, name used when in pharmacy, preferred email address, personal phone number, physical address, mailing address, and employer <b>within 15 days?</b></li> </ul> <p>Note: Visit <a href="#">mylicense/eGov</a> to update.</p>	<a href="#">OAR 855-104-0010</a> <a href="#">OAR 855-041-1030</a> <a href="#">CFR 1301.76(b)</a>
<input type="checkbox"/>	<input type="checkbox"/>	5.	Is the PIC/pharmacy aware that when a Board licensee's employment is terminated, or the licensee is allowed to resign in lieu of termination, it must be reported to the Board <b>within 10 working days?</b>	<a href="#">OAR 855-041-1010(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	6.	Is the PIC responsible for more than one location? If so, list additional sites below: <ol style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> </ol> <p><b>Note:</b> A pharmacist may not be designated PIC of more than three pharmacies (this does not include a Pharmacy Prescription Kiosk (PPK) or Pharmacy Prescription Locker (PPL))</p>	<a href="#">OAR 855-115-0205(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	7.	Does the pharmacy have a Pharmacy Prescription Locker (PPL) on site at the same address?	<a href="#">2024 SB 4002 Section 8.</a> (2)

Yes	No	Rule Reference		
<input type="checkbox"/>	<input type="checkbox"/>	8.	<div>Are policies and procedures for the following items current, and compliant with federal and state regulations? (check once verified)</div> <div><input type="checkbox"/> Security</div> <div><input type="checkbox"/> Operation, testing and maintenance of pharmacy systems and equipment</div> <div><input type="checkbox"/> Sanitation</div> <div><input type="checkbox"/> Storage of drugs</div> <div><input type="checkbox"/> Dispensing</div> <div><input type="checkbox"/> Pharmacist supervision, direction, and control of non-Pharmacists</div> <div><input type="checkbox"/> Documenting the <b>date, time</b> and identification of the licensee and the specific activity or function of the person performing each step in the dispensing process</div> <div><input type="checkbox"/> Utilization of Certified Oregon Pharmacy Technicians or Pharmacy Technicians</div> <div><input type="checkbox"/> Certified Oregon Pharmacy Technician or Pharmacy Technician final verification and/or vaccination, if utilized</div> <div><input type="checkbox"/> Drug and/or device procurement</div> <div><input type="checkbox"/> Receiving of drugs and/or devices</div> <div><input type="checkbox"/> Disposal of drugs and/or devices including hazardous and pharmaceutical waste</div> <div><input type="checkbox"/> Delivery of drugs and/or devices</div> <div><input type="checkbox"/> Utilization of Oregon licensed Pharmacist (i.e. DUR, Counseling)</div> <div><input type="checkbox"/> Recordkeeping</div> <div><input type="checkbox"/> Patient confidentiality</div> <div><input type="checkbox"/> Continuous quality improvement</div> <div><input type="checkbox"/> Plan for discontinuing and recovering services in the event of a pharmacy closure</div> <div><input type="checkbox"/> Training: initial and ongoing</div> <div><input type="checkbox"/> Interpretation, translation, and prescription reader services</div>	<a href="#">OAR 855-041-1040</a>

**Pharmacy Hours of Operation, and Closures (emergency, temporary, and permanent)**

Yes	No	Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	9.	<div>Is the pharmacy posting accurate hours of operation at each pharmacy entrance (to include when pharmacy is closed/pharmacist is not on duty)?</div> <div><a href="#">OAR 855-041-1035(1)(g)(C)</a> <a href="#">OAR 855-041-1035(1)(g)(E)</a> <a href="#">OAR 855-041-2100</a></div>
<input type="checkbox"/>	<input type="checkbox"/>	10.	<div>Is the pharmacy ensuring accurate hours of operation are on each telephone greeting and pharmacy-operated internet platform (e.g. website, social media, mobile applications)?</div> <div><a href="#">OAR 855-041-1035(1)(h)</a></div>
<input type="checkbox"/>	<input type="checkbox"/>	11.	<div>Is the pharmacy aware of the requirement to notify the Board and public of <b>Temporary, Permanent, and Emergency closures</b>?</div> <div>Follow the links below for reporting requirements and forms:</div> <div><ul style="list-style-type: none"><li><a href="#">Retail Drug Outlet Pharmacy Closures: Temporary, Permanent or Emergency</a></li><li><a href="#">Pharmacy Closure Forms</a></li></ul></div> <div><a href="#">OAR 855-041-1092</a></div>

<input type="checkbox"/>	<input type="checkbox"/>	12.	<p>Is the pharmacy aware of the following requirements for <b>Emergency closures</b>?</p> <ul style="list-style-type: none"> <li>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 do so AS SOON AS the circumstances allow.</li> </ul>	<a href="#">OAR 855-041-1092(3)</a>
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**Personnel (Non-licensed, Pharmacy Technicians, Certified Oregon Pharmacy Technicians, and Interns)**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	13.	Are <b>all pharmacy staff</b> clearly identified in all interactions and communications (e.g. nametag, <b>phone interactions</b> , chart notations)?	<a href="#">OAR 855-115-0105(10)</a> <a href="#">OAR 855-120-0105(3)(h)</a> <a href="#">OAR 855-125-0105(3)(i)</a>
<input type="checkbox"/>	<input type="checkbox"/>	14.	<p>Are <b>all pharmacy staff</b> trained appropriately prior to performance of tasks and with each policy/procedure update for the practice site?</p> <p><b>Note:</b> This training should include an <u>annual review</u> of the PIC Self-Inspection Form.</p>	<a href="#">OAR 855-115-0120(1)(i)</a> <a href="#">OAR 855-120-0105(3)(e)</a> <a href="#">OAR 855-125-0105(2)(k)</a>
<input type="checkbox"/>	<input type="checkbox"/>	15.	<p>At all times, during any given shift, do <b>ALL</b>:</p> <ul style="list-style-type: none"> <li><b>Pharmacists</b> know the identity of each intern, under their supervision, and Certified Oregon Pharmacy Technician and Pharmacy Technician under their supervision, direction, and control?</li> <li><b>Interns</b> know their supervising pharmacist and/or preceptor?</li> <li><b>Technicians</b> know the pharmacist that is supervising, directing, and controlling their work?</li> </ul>	<a href="#">ORS 689.486</a> <a href="#">OAR 855-115-0120(1)(d)</a> <a href="#">OAR 855-120-0105(3)(d)</a> <a href="#">OAR 855-125-0105(3)(b)(c)</a>
<input type="checkbox"/>	<input type="checkbox"/>	16.	Do <b>non-licensed personnel</b> (e.g., pharmacy clerks) know that they cannot practice or assist in the practice of pharmacy?	<a href="#">OAR 855-115-0105(3)(6)</a> <a href="#">OAR 855-115-0120(1)(h)</a>
<input type="checkbox"/>	<input type="checkbox"/>	17.	Are <b>technicians</b> completing initial and <b>ongoing training</b> 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 and with each update to the written policies and procedures?	<a href="#">OAR 855-125-0105(3)(k)</a>
<input type="checkbox"/>	<input type="checkbox"/>	18.	Does the PIC prepare and maintain written procedures that describe the tasks that may be performed by <b>technicians</b> , including the methods of verification and documentation of work performed by technicians?	<a href="#">OAR 855-125-0135(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>		Does the PIC review the written procedures annually?	
<input type="checkbox"/>	<input type="checkbox"/>	19.	<p>Do <b>technicians</b> know they cannot use judgment without verification by a pharmacist? Examples of this include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Communicating with a patient about a drug's class, indication, or use (such as a patient asking for refills on their "diabetes" medication)</li> <li>Preparing the proper amount of water to use when reconstituting a medication</li> </ul> <p>How is pharmacist verification of technician work documented?</p>	<a href="#">OAR 855-125-0135(2)</a>

Yes	No			Rule Reference
			<hr/> <hr/> <hr/>	
<input type="checkbox"/>	<input type="checkbox"/>	20.	<p>Do <b>technicians</b> know they can only <u>assist</u> in the practice of pharmacy as permitted by the pharmacist who is supervising, directing, and controlling their work, and cannot <u>perform</u> any act that constitutes the practice of pharmacy as defined in ORS 689.005(28) and (29)? This includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Counseling</li> <li>• DUR</li> <li>• Conducting MTM</li> <li>• Recommending vaccines</li> </ul>	<a href="#">ORS 689.005(28)(29)</a> <a href="#">OAR 855-125-0150(1)(3)</a>
<input type="checkbox"/>	<input type="checkbox"/>	21.	<p>Do <b>interns</b> know that they:</p> <ul style="list-style-type: none"> <li>• Cannot practice pharmacy except as permitted by the pharmacist or Healthcare Preceptor who is supervising them?</li> <li>• Cannot engage in patient care services when the supervising Pharmacist is not trained and qualified to perform the service?</li> <li>• May only observe, and not conduct a Drug Utilization Review (DUR), counseling, Drug Regimen Review (DRR) advising, Medication Therapy Management (MTM), engage in a Clinical Pharmacy Agreement (CPA)/ Collaborative Drug Therapy Management (CDTM) or statewide protocol, prescribe or perform verification during their first academic year?</li> </ul>	<a href="#">OAR 855-120-0150</a>

### **Pharmacists**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	22.	Does the pharmacist ensure that each prescription contains all of the required elements?	<a href="#">OAR 855-115-0130(1)(c)</a> <a href="#">OAR 855-041-1105</a>
<input type="checkbox"/>	<input type="checkbox"/>	23.	Does the pharmacist ensure that when a verbal prescription is received, the identity of the licensee (name, initials, or electronic identifier) and name of the person transmitting the prescription is documented?	<a href="#">OAR 855-041-1105(3)</a>
<input type="checkbox"/>	<input type="checkbox"/>	24.	Does the pharmacist make a reasonable effort to obtain, <b>record, and maintain</b> in the patient record the elements required in OAR 855-041-1165, including but not limited to patient demographics, preferred language for communication, allergies and chronic medical conditions for both new and existing patients?	<a href="#">OAR 855-115-0130(1)(d)</a> <a href="#">OAR 855-041-1165</a>
<input type="checkbox"/>	<input type="checkbox"/>	25.	Does the pharmacist follow policies and procedures to ensure that prescriptions are accurately dispensed to the correct party, pursuant to a valid prescription and patient-practitioner relationship, and for a legitimate medical purpose?	<a href="#">OAR 855-115-0130(1)(e)</a> <a href="#">OAR 855-115-0210(1)(d)</a>  <a href="#">OAR 855-041-1105</a>
<input type="checkbox"/>	<input type="checkbox"/>	26.	<p>Does the pharmacist perform a DUR for ALL prescriptions prior to dispensing, or preparing for administration?</p> <p>How, and at which point in the prescription process, is a DUR performed?</p> <hr/> <hr/> <hr/>	<a href="#">OAR 855-115-0140</a>

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>		<p>Does this vary depending on the type of fill (new vs. refill)? If so, please explain.</p> <hr/> <hr/> <p>If an intervention is required, how is it carried out and documented?</p> <hr/> <hr/> <p><b>Note:</b> A pharmacist must personally perform a DUR <b>prior to dispensing each prescription.</b></p>	
<input type="checkbox"/>	<input type="checkbox"/>	27.	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?	<a href="#">OAR 855-041-1130(12)</a>
<input type="checkbox"/>	<input type="checkbox"/>	28.	Does the pharmacist document verification for repackaged drugs for later use by the pharmacy and <b>'return to stock'</b> drugs that are <b>labeled</b> by a technician or intern?	<a href="#">OAR 855-125-0135(2)</a> <a href="#">OAR 855-115-0105</a>
<input type="checkbox"/>	<input type="checkbox"/>	29.	<p>Is the pharmacist ensuring that only a licensee offers for a pharmacist to counsel and is that offer made in the following circumstances?</p> <ul style="list-style-type: none"> <li>• When the drug or device has not been previously dispensed to the patient by the Drug Outlet pharmacy;</li> <li>• When there has been a change in the dose, formulation, or directions;</li> <li>• When the prescription has been transferred to the Drug Outlet pharmacy by oral, written or electronic means; or</li> <li>• For any refill that the pharmacist deems counseling is necessary.</li> </ul> <p><b>Note:</b> The pharmacist must counsel the patient or patient's agent on the use of a drug or device upon request.</p>	<a href="#">OAR 855-115-0145</a>
<input type="checkbox"/>	<input type="checkbox"/>	30.	For each prescription, is the pharmacist determining the manner and amount of counseling that is reasonable and necessary under the circumstance to promote safe and effective use or administration of the drug or device, and to facilitate an appropriate therapeutic outcome for that patient?	<a href="#">OAR 855-115-0145</a>
<input type="checkbox"/>	<input type="checkbox"/>	31.	Does the pharmacist ensure that counseling is provided under conditions that maintain privacy and confidentiality?	<a href="#">OAR 855-115-0145</a>
<input type="checkbox"/>	<input type="checkbox"/>	32.	For a prescription where counseling has only been provided in writing, is the pharmacist providing drug information <b>in a format accessible by the patient</b> , including information on <b>when the pharmacist is available</b> and <b>how the patient or patient's agent may contact the pharmacist</b> ?	<a href="#">OAR 855-115-0145(6)</a>
<input type="checkbox"/>	<input type="checkbox"/>	33.	Is only a licensee accepting a patient's or patient's agent's request not to be counseled when counseling is required?	<a href="#">OAR 855-115-0145</a>
<input type="checkbox"/>	<input type="checkbox"/>	34.	Are pharmacists ensuring that all offers to counsel or declinations of counseling for prescriptions are documented with the licensee's identity?	<a href="#">OAR 855-115-0145</a>



## Labeling

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	35.	<p>Do labels on each drug dispensed to a patient contain the following information?</p> <ul style="list-style-type: none"> <li>• Name, address and telephone number of the pharmacy</li> <li>• Date of fill</li> <li>• Identifying number</li> <li>• Patient name</li> <li>• Drug name and strength, quantity dispensed; when a generic name is used, the label must also contain the identifier of the manufacturer or distributor</li> <li>• Directions for use by the patient</li> <li>• Name of the practitioner</li> <li>• Required precautionary information</li> <li>• Expiration date</li> <li>• Physical description, including but not limited to any identification code that may appear on tablets and capsules (unless dispensed in unit dose or unit of use packaging).</li> </ul>	<a href="#">OAR 855-041-1130</a>
<input type="checkbox"/>	<input type="checkbox"/>	36.	<p>Does the pharmacy and pharmacist ensure that expiration dates on prescriptions are labeled with an expiration date after which the patient should not use the drug or medicine? Expiration dates on prescriptions must not exceed:</p> <ul style="list-style-type: none"> <li>• That on the manufacturer's container if dispensed in the manufacturer's container; or</li> <li>• The earliest date of either: <ul style="list-style-type: none"> <li>○ The manufacturer's expiration date; or</li> <li>○ One year from the date the drug was repackaged and dispensed</li> </ul> </li> </ul> <p><b>Note:</b> Any drug expiring before the expected length of time for the course of therapy must not be dispensed.</p>	<a href="#">OAR 855-041-1130(10)(11)</a> <a href="#">OAR 855-115-0105</a>

## Security of Records and Drugs

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	37.	Does the PIC/pharmacist know they are responsible for the security of the prescription area including provisions for adequate safeguards against theft or diversion of prescription drugs, and records for such drugs?	<a href="#">OAR 855-041-1020</a>
<input type="checkbox"/>	<input type="checkbox"/>	38.	When a pharmacist is not physically present in the pharmacy, are <u>computers, records, and medications properly secured</u> to prevent entry and access by non-pharmacist employees?	<a href="#">OAR 855-041-1020(3)</a> <a href="#">OAR 855-041-2100</a> <a href="#">OAR 855-041-1015(1)</a>
<input type="checkbox"/>	<input type="checkbox"/>	39.	Can prescriptions be processed, or records accessed, before a pharmacist arrives or after the pharmacist leaves?	<a href="#">OAR 855-041-1020(3)</a>
<input type="checkbox"/>	<input type="checkbox"/>	40.	Are licensees and the pharmacy aware that a licensee or registrant of the board <b>MAY NOT DISCLOSE</b> patient information to a third party without the consent of the patient, except as provided in (2)(a)-(e) of this rule?	<a href="#">OAR 855-104-0015(1)(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>		Is the PIC/pharmacy aware that a licensee or registrant of the board <b>MAY NOT ACCESS OR OBTAIN</b> patient information unless it is for the purpose of patient care, except as provided in (2)(a)-(e) of this rule?	

		41.	Where does the pharmacy quarantine product that is unfit for distribution (e.g., product that is recalled, outdated, damaged, deteriorated, misbranded, adulterated, counterfeit or suspect, etc.)?   	<a href="#">OAR 855-041-1025</a> <a href="#">OAR 855-041-1036(1)(d)</a> <a href="#">21 U.S.C. 351</a> <a href="#">21 U.S.C. 352</a>
		42.	How does the pharmacist/pharmacy maintain the security of <b>controlled substances</b> that have been quarantined?   	<a href="#">OAR 855-041-1020</a> <a href="#">OAR 855-115-0125(5)</a>
<input type="checkbox"/>	<input type="checkbox"/>	43.	Is the pharmacy registered with the DEA as an authorized collector for drug take back disposal?   If yes, are the following requirements met? (check once verified) <input type="checkbox"/> BOP notified within 30 days of initiating or terminating program <input type="checkbox"/> Receptacle stored in secure location inside the retail drug outlet, accessible to the public and <b><u>in view of, but not behind, the pharmacy counter</u></b> <input type="checkbox"/> Adequate security measures for proper installation, maintenance, and liner tracking, with proper documentation (to include double signatures when required). <input type="checkbox"/> <b>Documented</b> personnel training and accountability  <b>A Drug Take Back Box may be requested free of charge at:</b> <a href="https://www.oregon.gov/deq/mm/Pages/drugtakeback.aspx">https://www.oregon.gov/deq/mm/Pages/drugtakeback.aspx</a>	<a href="#">OAR 855-041-1046</a>

### **Controlled Substances**

Yes	No		Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	44.	Is the pharmacy aware that pseudoephedrine and ephedrine are Schedule-V Controlled Substances?   <a href="#">OAR 855-080-0026</a>

Yes	No	Rule Reference		
<input type="checkbox"/>	<input type="checkbox"/>	45.	<p>Is the pharmacy providing non-prescription pseudoephedrine and ephedrine to patients over the counter?</p> <p>If yes, are pharmacy staff aware of the following?</p> <ul style="list-style-type: none"><li>• All pseudoephedrine and ephedrine must be stored behind the pharmacy counter (inaccessible to the public).</li><li>• All sales require licensees to:<ul style="list-style-type: none"><li>○ verify purchaser is 18 years or age or older.</li><li>○ verify identity of purchaser with valid government issued ID.</li><li>○ confirm the purchase is permitted via the electronic system.</li><li>○ document the purchase with required information.</li></ul></li><li>• All sales of pseudoephedrine or ephedrine are subject to quantity limit restrictions, of no more than:<ul style="list-style-type: none"><li>○ 3.6 grams in a 24-hour period.</li><li>○ 9 grams in a 30-day period.</li></ul></li></ul> <p><b>Note:</b> <u>Only licensed personnel may sell non-prescription pseudoephedrine or ephedrine</u> (i.e., Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician).</p>	<a href="#">OAR 855-080-0026</a>
<input type="checkbox"/>	<input type="checkbox"/>	46.	<p>Is the pharmacy using the <a href="#">PDMP Notice by Pharmacies to Patients</a> language provided by the OHA to notify each patient receiving a controlled substance about the PDMP <b>before, or when</b>, the controlled substance is dispensed to the patient?</p> <p><b>Note:</b> The notification must include that the prescription will be entered into the PDMP.</p>	<a href="#">OAR 333-023-0815</a>
<input type="checkbox"/>	<input type="checkbox"/>	47.	<p>Are on-hand quantity changes of controlled substances reviewed?</p> <p>If so, how often, and by whom?</p> <p>_____</p> <p>_____</p> <p>Who is permitted to make on-hand changes?</p> <p>_____</p> <p>_____</p> <p>Where are the records kept?</p> <p>_____</p> <p>_____</p>	
<input type="checkbox"/>	<input type="checkbox"/>	48.	<p>Is the pharmacist/pharmacy reporting suspected theft or confirmed significant loss of a controlled substance to the Board and DEA <b>within 1 business day</b>?</p> <p>Submit by email to <a href="mailto:pharmacy.druglossreporting@bop.oregon.gov">pharmacy.druglossreporting@bop.oregon.gov</a>, with "<u>Controlled Substance Loss Notification</u>" in the subject line.</p>	<a href="#">OAR 855-115-0115</a> <a href="#">OAR 855-041-1030</a> <a href="#">CFR 1306.76(b)</a>
<input type="checkbox"/>	<input type="checkbox"/>	49.	<p>Are annual controlled substance inventories (with reconciliations) performed on one day, and within 367 days of the last inventory?</p> <p>Dates of the last two annual controlled substance inventories (with reconciliation):</p> <p>_____ / _____ / _____ and _____ / _____ / _____</p>	<a href="#">OAR 855-080-0070</a> <a href="#">OAR 855-115-0210(1)(i)</a> <a href="#">OAR 855-041-1020(2)</a>

Yes	No			Rule Reference
			<b>Note:</b> <ul style="list-style-type: none"> <li>Ensure a complete controlled substance inventory (<b>CII through CV</b>) <b>with discrepancy reconciliation</b> is done.</li> <li>Inventory includes drugs in will call or pending patient pick up, in LTC e-kits, drugs used for compounding, items in the refrigerator, automated dispensing machines, outdated controlled substances, etc.</li> <li>Non-24-hour pharmacies must indicate if the inventory was completed <b>before opening or after closing</b>.</li> </ul>	
<input type="checkbox"/>	<input type="checkbox"/>	50.	<p>Is the PIC ensuring that ALL DISCREPANCIES involving a controlled substance are DOCUMENTED, and CLEARLY EXPLAINED?</p> <p>How does the PIC complete a reconciliation?</p> <hr/> <hr/> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li><b><u>Providing an on-hand count is not sufficient to meet this requirement.</u></b></li> <li>Electronic and written records, MUST be made available at time of inspection.</li> <li>The Board considers a reconciliation to be an accurate accounting of the outlet's true inventory, performed at least every 93 days in a Retail Drug Outlet Pharmacy.</li> <li>If it is determined that no discrepancies are found, documentation to show this (i.e., written documents with investigative notes, screenshot of computer, etc.) must be provided.</li> </ul>	<a href="#">OAR 855-115-0210(1)(i)</a> <a href="#">OAR 855-041-1020(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	51.	Are C-II records (prescriptions, inventories/reconciliations, invoices, etc.) filed separately from those in all other classes?	<a href="#">21 CFR 1304.04</a>

### Cold Drug Storage ☐ N/A

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	52.	Is there documented training for ALL pharmacy personnel related to the cold drug storage monitoring plan?	<a href="#">OAR 855-041-1036(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	53.	Are the thermometers/probes centrally placed?	<a href="#">OAR 855-041-1036(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	54.	<p>Are thermometers/probes routinely calibrated to ensure accuracy?</p> <p><b>Note:</b> this is not the same as the quarterly validation requirement.</p> <p>When is the <b>next calibration</b> due? ____ / ____ / ____</p> <p>Note: If units have different calibration dates please attach list of units with due dates.</p>	<a href="#">OAR 855-041-1036(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	55.	Does each active cold storage system maintain the temperature of refrigerated products between 2 to 8°C (35 to 46°F) and frozen products between -25 to -10°C (-13 to 14°F), <u>or as specified by the manufacturer?</u>	<a href="#">OAR 855-041-1036(2)(a)(A)</a>

Yes	No			Rule Reference
			<b>Note:</b> ANY temperature outside of these parameters for ANY amount of time IS CONSIDERED AN EXCURSION, unless specified by the manufacturer, and should be researched appropriately with documentation maintained.	
<input type="checkbox"/>	<input type="checkbox"/>	56.	Are <u>ALL</u> excursions documented to include the following? <ul style="list-style-type: none"> <li>• Event date &amp; time frame</li> <li>• Name of person(s) involved</li> <li>• Pharmacist's review of duration and magnitude</li> <li>• Action(s) taken, whether to quarantine product for destruction/return, or keep product if deemed safe for continued use</li> <li>• Source of information used (e.g. package insert, contacted manufacturer, etc.)</li> <li>• Identity of pharmacist who made final decision</li> </ul>	<a href="#">OAR 855-041-1036(2)(b)(D-E)</a>

### Vaccine Drug Storage ☐ N/A

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	57.	Are vaccines stored in temperature-stable sections of the vaccine storage unit?	<a href="#">OAR 855-041-1036(3)(a)(A)</a>
<input type="checkbox"/>	<input type="checkbox"/>	58.	Does each vaccine storage unit utilize a system of continuous temperature monitoring with automated data logging?	<a href="#">OAR 855-041-1036(3)(d)</a>
<input type="checkbox"/>	<input type="checkbox"/>	59.	Are quarterly validations conducted for <b>EACH</b> vaccine storage unit and its monitoring equipment?  <b>Note:</b> Quarterly validations are not the same as thermometer calibrations.	<a href="#">OAR 855-041-1036(3)(a)(D)</a>

### Vaccine Administration ☐ N/A

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	60.	Do all immunizing licensees have a current CPR card intended for healthcare providers, with a hands-on training component, that is specific to the age of the population receiving the vaccine and is valid for not more than three years?	<a href="#">OAR 855-115-0305(2)(b)</a> <a href="#">OAR 855-125-0305(2)(b)</a>
<input type="checkbox"/>	<input type="checkbox"/>	61.	Does the pharmacist/pharmacy have the required equipment, supplies and updated protocol for managing vaccine-related adverse reactions?  <b>Note:</b> Please see <a href="#">OBOP Standard Protocol for All Vaccines: Managing Adverse Reactions</a>	<a href="#">OAR 855-115-0105(7)</a> <a href="#">OAR 855-041-1035(1)(b)</a>
<input type="checkbox"/>	<input type="checkbox"/>	62.	Does each pharmacist or intern (as permitted) review ALERT, make vaccine recommendations, and select each vaccine to be administered?  <b>Note:</b> Please see <a href="#">OBOP Standard Protocol for All Vaccines: Cover Page &amp; Assessment and Treatment Care Pathway</a>	<a href="#">OAR 855-115-0305(3)(b)(c)</a> <a href="#">OAR 855-115-0145</a> <a href="#">OAR 855-115-0345(2)(h)</a>

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	63.	<p>Is the licensee who administers a vaccine recording and maintaining the following information?</p> <ul style="list-style-type: none"> <li>• Patient identifier</li> <li>• Administering licensee identifier</li> <li>• Vaccine name, including: <ul style="list-style-type: none"> <li>○ Dose</li> <li>○ Lot number and expiration date</li> <li>○ Route and site of administration</li> <li>○ Date and time of administration</li> </ul> </li> </ul>	<a href="#">OAR 855-115-0305(2)(f)</a> <a href="#">OAR 855-125-0305(3)</a> <a href="#">42 U.S.C. §300aa-26</a> <a href="#">42 U.S.C. §300aa-25</a>
<input type="checkbox"/>	<input type="checkbox"/>	64.	<p>Is the pharmacist administering the vaccine or supervising the technician who administers a vaccine ensuring that the appropriate VIS is provided to the patient prior to each vaccination?</p>	<a href="#">OAR 855-115-0305(2)(f)</a> <a href="#">OAR 855-125-0305(3)</a> <a href="#">42 U.S.C. §300aa-26</a> <a href="#">42 U.S.C. §300aa-25</a>
<input type="checkbox"/>	<input type="checkbox"/>	65.	<p>Is the pharmacist ensuring that vaccine administration data is reported to the ALERT Immunization Information System (ALERT-IIS)?</p>	<a href="#">OAR 855-115-0125(9)(a)</a>

### Language Services and Accessibility

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	66.	<p>How does the pharmacy notify each person to whom a prescription is dispensed that a prescription reader is available upon request?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>How, and when, is the reader provided?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<a href="#">OAR 855-041-1131</a> <a href="#">ORS 689.561</a>
<input type="checkbox"/>	<input type="checkbox"/>	67.	<p>Are dual language prescription labels available in each of the 14 required languages and provided upon a request from the patient or patient's agent?</p> <p><b>Note:</b> The prescription must bear a label in <b>both</b> English and the language requested.</p>	<a href="#">OAR 855-041-1132</a> <a href="#">ORS 689.564</a>
<input type="checkbox"/>	<input type="checkbox"/>	68.	<p>Does the pharmacy have signage <b>easily seen by the public</b> which provides notification of the right to free, competent oral interpretation and sign language as well as translation services (including translated prescription labels) in each of the 14 required languages?</p> <p><a href="#">Dual Language Labeling Sign for Pharmacies</a></p>	<a href="#">OAR 855-041-1035(1)(e)(B)</a> <a href="#">OAR 855-041-1133</a>
<input type="checkbox"/>	<input type="checkbox"/>	69.	<p>Is the pharmacy aware that for patients in Oregon, a pharmacist or Intern must work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under <a href="#">ORS 413.558</a> when communicating with a patient who prefers to communicate in a language other than English or who communicates in signed language, unless the Pharmacist is proficient in the preferred language?</p>	<a href="#">OAR 855-041-1133</a> <a href="#">ORS 413.558</a>

Yes	No			Rule Reference
			<p><b>Note:</b> The Pharmacist or drug outlet may not charge for these services.</p> <p><a href="#">OHA Health Care Interpreter Registry</a></p>	
<input type="checkbox"/>	<input type="checkbox"/>	70.	<p>Is the pharmacy aware that a pharmacist or intern may work with a health care interpreter who is not listed on the health care interpreter registry <b>only if the following apply?</b></p> <ul style="list-style-type: none"> <li>The pharmacist or intern has made a good faith effort to obtain an interpreter from the health care interpreter registry and has found that none are available to provide interpretation; or</li> <li>An interpreter from the health care interpreter registry was offered, and the patient declined/chose another interpreter.</li> </ul>	<a href="#">OAR 855-041-1133(2)</a>
<input type="checkbox"/>	<input type="checkbox"/>	71.	<p>Is the pharmacy retaining the following documentation?</p> <ul style="list-style-type: none"> <li>Each patient encounter in which the pharmacist or intern worked with a health care interpreter from the health care interpreter registry; or</li> <li>Each good faith effort to utilize a health care interpreter from the health care registry for each patient encounter in which the pharmacist or intern worked with an interpreter not on the health care interpreter registry and met one of the exceptions in (2) of this rule – see #70 above for exceptions</li> </ul> <p><b>Note:</b> These records must be retrievable at the time of inspection and include the <b>full name</b> of the health care interpreter, the health care interpreter's registry number, as applicable and the language interpreted.</p>	<a href="#">OAR 855-041-1133</a> <a href="#">ORS 413.559</a>

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

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	72.	<p>Do pharmacists and interns (after their 1<sup>st</sup> year and as permitted by the supervising pharmacist) at this location prescribe and dispense FDA-approved drugs and devices via a <b>Statewide Drug Therapy Management Protocol or Formulary?</b></p> <p><b>Examples (not all inclusive):</b></p> <ul style="list-style-type: none"> <li>Continuation of Therapy including emergency refills on insulin and early refills of Opioid Use Disorder medications</li> <li>Treatment for symptoms of cough/cold</li> <li>COVID-19 Antigen Self-Test</li> <li>Preventative care, to include various contraceptives, Pre- and Post-Exposure Prophylaxis for HIV (PrEP, and PEP, respectively), tobacco cessation, and travel medications</li> <li>Diabetic testing supplies, injection supplies, nebulizers and supplies, spacers, peak flow meters, etc.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Be prepared to show these records at the time of inspection.</li> <li>Please update <a href="#">eGov</a> profiles to include this information.</li> </ul>	<a href="#">OAR 855-115-0330</a> <a href="#">OAR 855-115-0335</a> <a href="#">OAR 855-115-0340</a> <a href="#">OAR 855-115-0345</a>
<input type="checkbox"/>	<input type="checkbox"/>	73.	<p>Do pharmacists document the diagnosis code prior to prescribing a device or supply included on the Formulary Compendia?</p>	<a href="#">OAR 855-115-0340</a>

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	74.	Do pharmacists follow the protocols when prescribing a drug or device included on the Protocol Compendia?	<a href="#">OAR 855-115-0345</a>
<input type="checkbox"/>	<input type="checkbox"/>	75.	Is the pharmacist maintaining all records associated with prescribing and other related activities performed for a minimum of 7 years?  Where are these records kept? _____ _____ _____	<a href="#">OAR 855-104-0055</a>
<input type="checkbox"/>	<input type="checkbox"/>	76.	Are pharmacists aware that they can provide protocol feedback to the Public Health & Pharmacy Formulary Advisory Committee (PHPFAC) at <a href="https://www.oregon.gov/pharmacy/Pages/PFAC.aspx">https://www.oregon.gov/pharmacy/Pages/PFAC.aspx</a> ?	

### **Compounding**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	77.	Does the pharmacy perform drug compounding?  <b>If yes, please print, complete, and attach the <u>Compounding Pharmacy Self-Inspection Form</u>.</b>	<a href="#">OAR 855 Division 45</a>

### **Final Verification**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	78.	Do pharmacists at this location allow technicians to participate in "Final Verification" (that is, 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 is the prescribed drug and drug dosage, device, or product)?  <b>If yes, please print, complete, and attach the <u>Additional Services Self-Inspection Supplement</u>.</b>	<a href="#">ORS 689.005</a> <a href="#">OAR 855-005-0006(18)</a> <a href="#">OAR 855-115-0130(3)</a> <a href="#">OAR 855-125-0105(4)</a>

### **Collaborative Drug Therapy Management (CDTM)**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	79.	Do pharmacists at this location participate in <b><u>CDTM?</u></b>  <b>Examples:</b> Diabetes management, anticoagulation, hypertension.  <b>If yes, please print, complete, and attach the <u>Additional Services Self-Inspection Supplement</u>.</b>	<a href="#">OAR 855-115-0315</a>

### **Telework**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	80.	Do non-pharmacist licensees (intern, or technician) work from a location physically outside of the pharmacy (e.g., their home)?  <b>If yes, please print, complete, and attach the <u>Additional Services Self-Inspection Supplement</u>.</b>	<a href="#">OAR 855-041-3205</a>



**Long Term Care (LTC) / Community Based Care (CBC) Services**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	81.	Does this pharmacy location provide "pharmaceutical care" to any LTC/CBC facilities, as defined in OAR 855-041-7050?  <b>Note:</b> These include, but are not limited to: Skilled Nursing Facilities (SNF), Intermediate Care Facilities, Adult Foster Homes, Residential Care Facilities (RCF), Assisted Living Facilities (ALF), Group Homes for the Developmentally Disabled and Mentally Retarded and Inpatient Hospice, etc.  <b>If yes, please print, complete, and attach the <u>Additional Services Self-Inspection Supplement</u>.</b>	<a href="#">OAR 855-041-7050</a>

**Pharmacy Prescription Locker (PPL)**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	82.	Is the pharmacy an Affiliated Pharmacy for a Pharmacy Prescription Locker (PPL)?  <b>If yes, please print, complete, and attach the <u>PPL Self-Inspection Form</u>.</b>	<a href="#">OAR 855-143</a>

**Pharmacy Prescription Kiosk (PPK)**

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	83.	Is the pharmacy utilizing a Kiosk?  <b>If yes, please print, complete, and attach the PPK <u>Self-Inspection Form</u>.</b>	<a href="#">OAR 855-141</a>

**Remote Dispensing Site Affiliated Pharmacy**

YES	NO			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	84.	Is the pharmacy a Remote Dispensing Site Affiliated Pharmacy?  <b>If yes, please print, complete, and attach the <u>RDSP Self-Inspection Form</u>.</b>	<a href="#">OAR 855-139-0005</a>

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, and that the answers marked on this form are true and correct.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of PIC: \_\_\_\_\_

Printed Name of PIC: \_\_\_\_\_

**PHARMACY PERSONNEL – KEEP CURRENT THROUGHOUT THE YEAR, ADDING NEW LICENSEES AND CROSSING OUT ANY WHO NO LONGER WORK AT THIS LOCATION.**

Have each licensee review this inspection form, all corresponding documents and procedures, and be prepared to assist in locating information during an inspection.

[illegible]