



# Oregon

Kate Brown, Governor

Oregon Board of Pharmacy  
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**READ THIS PAGE CAREFULLY**

**2016**

**RETAIL AND LONG TERM CARE PHARMACY  
PHARMACIST-IN-CHARGE  
PHARMACY SELF-INSPECTION REPORT**

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

Oregon law holds the pharmacist-in-charge and all pharmacists on duty responsible for ensuring pharmacy compliance with all state and federal laws governing the practice of pharmacy. Failure to complete this report by February 1<sup>st</sup>/within 15 days of becoming PIC (as required by OAR 855-019-0300) may result in disciplinary action.

Following your self-inspection and completion of the report, please review it with your staff pharmacists, technicians and interns, correct any deficiencies noted, sign and date the report, and file it so it will be readily available to Board inspectors. **DO NOT SEND** to the Board office. You are responsible for ensuring your completed report is available at the time of inspection.

The primary objective of this report, and your self-inspection, is to provide an opportunity to identify and correct areas of non-compliance with state and federal law. (Note: Neither the self-inspection nor a Board inspection evaluates your complete compliance with all laws and rules of the practice of pharmacy.) The inspection report also serves as a necessary document used by Board inspectors during an inspection to evaluate a pharmacy's level of compliance.

When a Board inspector discovers an area of non-compliance, they may issue either a **Deficiency Notice** or a **Notice of Non-Compliance**. Both require a written response from the PIC. Identifying and correcting an area of non-compliance prior to a Board inspection may eliminate the receipt of a Deficiency Notice/Notice of Non-Compliance for that item. Do not *assume* that you are in compliance with any statement; take the time to personally verify that compliance exists. A situation of non-compliance that "is the way it has been" is the current PIC's responsibility to immediately correct to avoid the possibility of a Notice and/or disciplinary action. If you have any questions, please fax or email your questions, "attention inspectors", prior to an inspection, to the fax or email above.

The most common reason for issuing a Deficiency Notice is either not having or not being able to readily retrieve required documents and records. Because Board inspections are unscheduled, it is common for the PIC to be absent or unavailable. 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) dramatically reduces the chance that you will receive a Deficiency Notice.

By answering the questions and referencing the appropriate laws/rules/CFR provided, you can determine whether you are 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 PIC training course is offered regularly at the Board office. Check the Board website for dates.

\*\*The Oregon Board of Pharmacy internet law exam to obtain one CE of credit is available on the Board website.

**2016 PHARMACIST-IN-CHARGE  
PHARMACY SELF-INSPECTION REPORT  
OREGON BOARD OF PHARMACY  
TEL: 971-673-0001 FAX: 971-673-0002  
www.pharmacy.state.or.us**

All PICs of Retail, Compounding, Home Infusion, and Long-Term Care pharmacies MUST complete and sign this inspection report and have it available for inspection within 15 days of becoming PIC and by 2/1/2016 (as required by OAR 855-019-0300). **DO NOT SEND TO THE BOARD OFFICE.**

Form completed after 2/1/2016.  Change in PIC  Other, please explain \_\_\_\_\_

Date PIC Inspection was performed: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Print Name & Lic. #: \_\_\_\_\_

PIC e-mail: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ DEA #: \_\_\_\_\_; Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Retail Outlet Cert #: \_\_\_\_\_ Institutional Outlet Cert #: \_\_\_\_\_

Nonprescription Drug Outlet Cert #: \_\_\_\_\_

|  |
|--|
| Inspector Signature: _____                   |
| Date: ____/____/____ Deficiency Notice: ____ |
| Comments: _____                              |

Carefully confirm whether or not you are compliant and mark the appropriate box to the left of each item. If you find items that need correcting, rectify the deficiency and write the date of correction and then mark the 'yes' box. Do not mark 'yes' unless the answer is 'yes'. Note: the correct answer to some questions is 'no'.

Where are the following items located inside the pharmacy (be as specific as possible, there can be many filing cabinets and binders)?

Current CPR Cards & Immunization Certification documents: \_\_\_\_\_

Vaccine administration records: \_\_\_\_\_

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

Continuous Quality Assurance plan/documents: \_\_\_\_\_

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

Current technician procedures: \_\_\_\_\_

Technician training documents: \_\_\_\_\_

Current written Drug Outlet Procedures: \_\_\_\_\_

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 Schedule II reconciliation: \_\_\_\_\_

E-Kit: \_\_\_\_\_

Temperature Logs: \_\_\_\_\_



| Yes                      | No                       | N/A                      |    | Rule Reference   |  |
|--------------------------|--------------------------|--------------------------|----|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Are you a retail pharmacy, compounding, home infusion, or a long term care pharmacy? This is <b>not</b> the self inspection report for a hospital or nuclear pharmacy. Note: Neither the self-inspection nor a Board inspection evaluates your complete compliance with <u>all</u> laws and rules of the practice of pharmacy. |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | How many hours (weekly average) does the PIC of your location work on site? _____<br>If you are the PIC of more than one location, where is the quarterly compliance audit kept? _____   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Are your current pharmacy license(s), DEA registration, pharmacist license(s), intern license(s), preceptor license(s), and technician license(s) posted?  | ORS 689.615  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Are pharmacists, technicians & interns <b>aware that they must report</b> arrests, convictions, <b>and</b> suspected <b>and</b> known violations <b>to the Board</b> within 10 days and suspected or known drug theft within 1 day? Employment and residence address changes must be reported within 15 days.                  | OAR 855-019-0205<br>OAR 855-025-0020<br>OAR 855-031-0020 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | Does your pharmacy participate in any Shared Pharmacy Services with another pharmacy or practitioner? <u>If yes, please attach a copy of the <b>Board approved</b> Shared Service Agreement(s).</u>  | OAR 855-006-0005(24)                                     |

#### Minimum Equipment, Procedures and Records

| Yes                      | No                       | N/A                      |     | Rule Reference   |   |
|--------------------------|--------------------------|--------------------------|-----|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.  | Are your drug outlet procedures current, compliant with Oregon laws and rules, and <u>do they reflect the practice at your outlet?</u><br><br>Do pharmacists at your location prescribe hormonal contraceptives?   | OAR 855-041-1040<br>OAR 855-019-0425        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.  | Is your pharmacy clean (refrigerator, sink, etc)?  | OAR 855-041-1015(2)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.  | Does your pharmacy quarantine all outdated, adulterated, misbranded, and suspect product? Note: This includes compounding supplies and items in the refrigerator.  | OAR 855-041-1036(1)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9.  | Do you sell medications to doctors? Where are the invoices?  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. | When your pharmacists receive a telephone prescription, are they documenting their name, the date, and the name of the person transmitting the prescription? Note: This includes, documenting 'per prescriber' (or something similar) if the prescriber calls in a prescription. <i>Note: Technicians may NOT transcribe from voicemail.</i>   | OAR 855-019-0210<br>OAR 855-041-1105        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. | Are you able to identify brand name, or generic name & manufacturer; strength, lot number, expiration date, or an internal control number which references the manufacturer and lot number used for <b>medications placed into all cells in automated dispensing machines like ScriptPro®, BakerCell®, etc</b> , that are prepackaged for use at a later time? Or for individually prepackaged medications in prescription vials or bottles?<br><br>How does the Pharmacist verify and document that the technician is properly loading the machine? (attach policy) | OAR 855-041-1135<br><br>OAR 855-025-0025(4) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. | Is a pharmacist verifying and documenting pre-packed medications and bubble packs if they are prepared by a technician or intern?  | OAR 855-025-0025(4)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. | Does a pharmacist review and document ' <b>return to stock</b> ' medications that are re-labeled by a technician?  | OAR 855-025-0025(4)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. | If you combine refill quantities into a single filling for prescriptions that are not for a controlled substance or psychotherapeutic drug, do you notify the prescriber of the change after the fact?   | OAR 855-041-1120(4)                         |

Controlled Substances

Yes No N/A

Rule Reference

|                          |                          |                          |     |   |  |
|--------------------------|--------------------------|--------------------------|-----|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. | <b>Are you identifying and CLEARLY EXPLAINING VARIANCES on CII reconciliations at the time of the audit? Any theft or significant loss must be reported to the Board and DEA within 1 day.</b>  | OAR 855-019-0300(5)<br>OAR 855-019-0205(6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. | <b>Did you take your controlled substance (CII-V) inventory all on a single day, within 12 months (365 days) of your last inventory? Date of your last CII-CV Inventory: _____ Was it taken before opening or after closing (not throughout the day)? Note: this includes e-kits, compounding supplies and items in the refrigerator.</b> | OAR 855-080-0070                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. | Is your annual CII inventory filed separately from your CIII-CV inventory and are your CII invoices and prescriptions filed separately from other prescriptions and invoices?   | 21 CFR 1304.04                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. | If CIIs are ordered via written DEA 222 order forms, are all lines filled out completely with receiving dates and quantity received? (enter '0' if not received and date the line)  | 21 CFR 1305.13(e)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. | If CIIs are ordered electronically via CSOS, do you create a new record of the quantity and date received that is electronically linked to the original order and archived? Can you retrieve them for a Board Inspector?  | 21 CFR 1305.22(g)                          |

Security

Yes No N/A

Rule Reference

|                          |                          |                          |     |  |                     |
|--------------------------|--------------------------|--------------------------|-----|--|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. | When no pharmacist is physically present in the pharmacy or institutional facility (i.e. when the pharmacist leaves the building); are computers, records and medications properly secured to prevent entry and access to records by non-pharmacist employees? | OAR 855-041-1020(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. | Can technicians process/receive prescriptions before a pharmacist arrives or after the pharmacist leaves?  | OAR 855-041-1020(3) |

Support Personnel

Yes No N/A

Rule Reference

|                          |                          |                          |     |   |  |
|--------------------------|--------------------------|--------------------------|-----|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. | Are your pharmacists, interns, technicians and clerks clearly identified as such to the public?   | OAR 855-025-0025(3)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. | Do you have documentation of technician's training that is retrievable? (Board's basic law training forms are available online)   | OAR 855-025-0025(6)<br>OAR 855-041-1040(7) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. | Does a pharmacist verify all work performed by technicians and document this verification? This includes things such as loading an automated dispensing machine, such as ScriptPro, return to stock medications that are re-labeled, individual pre-packed medications, etc | OAR 855-025-0025(4)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. | Do you know Board approved onsite training can count as CE?   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. | Do technicians know they cannot communicate with patients in terms of drug class or indication/use and cannot counsel? They can only communicate in terms of drug name and prescription number.   | OAR 855-025-0040(3)                        |

Drug Utilization Reviews and Counseling

Yes No N/A

Rule Reference

|                          |                          |                          |     |   |                  |
|--------------------------|--------------------------|--------------------------|-----|---|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. | <b>How does the pharmacist evaluate prescription refills for over/under utilization?</b><br>_____                       | OAR 855-019-0220 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. | Do you utilize the Prescription Drug Monitoring Program (PDMP) when performing a DUR on controlled substances (CII-CV)? |                  |

|                          |                          |                          |     |   |                                      |
|--------------------------|--------------------------|--------------------------|-----|---|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. | Is the pharmacist making an effort in obtaining, recording, and maintaining the patient's allergies and chronic medical conditions?<br>Note: Many prescriptions from EMR systems at the clinic indicate allergies.  | OAR 855-019-0220                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. | Are prescriptions correctly dispensed? Note: This includes verifying the expiration date on the prescription is not longer than the expiration date on the stock container which is a frequent violation noted during inspections.  | OAR 855-041-1105<br>OAR 855-041-1130 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. | -Is a pharmacist or intern initiating counseling on new prescriptions and refills requiring counseling? (Note: This is NOT a pharmacist head nod/making eye contact with patient from across the pharmacy or a cashier/technician asking patient if they have questions.)<br><br>-Is the denial of counseling made directly to the pharmacist or intern?<br><br>-How is a new prescription identified as requiring counseling?<br>_____<br><br>-How does a pharmacist identify a prescription <b>refill</b> as requiring counseling?<br>_____<br><br>Note: A pharmacist (not a technician) may indicate that a prescription 'refill' does not require counseling, if, after performing a DUR, the <b>pharmacist determines</b> <u>nothing</u> has changed (continuation of therapy (CT) and it is appropriate to release the prescription without speaking to the patient.) | OAR 855-019-0230                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. | <b>Does the pharmacist/intern counseling include information necessary to promote the safe use of the medication and facilitate an appropriate therapeutic outcome? Note: Asking the patient if they have any questions does not fulfill this requirement.</b>  | OAR 855-019-0230                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. | Is the pharmacist/intern personally documenting whether counseling is provided or declined on new prescriptions and refills that require counseling at the time of the counseling? <b>(The pharmacist or intern, not the patient/clerk/technician, must personally document if counseling is provided or declined that the time of the interaction.)</b>  | OAR 855-019-0230(1)(c)               |

General Drug Storage

Yes No N/A

Rule Reference

|                          |                          |                          |     |  |                     |
|--------------------------|--------------------------|--------------------------|-----|--|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. | Does each active cold storage system maintain the temperature of refrigerated products between 2-8°C and frozen products between -25 to -10°C and is this monitored by a centrally placed, accurate and calibrated thermometer? When is the next calibration due?<br><br>Note: Studies show that dorm style systems do not meet these requirements.  | OAR 855-041-1036    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. | Does your pharmacy adhere to a monitoring plan that includes <i>at least</i> all of the following components? Where are these located?<br>_____<br>-Documentation and training of all personnel<br>-Maintenance of thermometer(s) and equipment<br>-Retention of temperature log records<br>-Documentation of any excursions, to include the event date and name of person(s) involved in responses (con't on next page)<br>-Documentation of actions taken for all excursions, to include the | OAR 855-041-1036(2) |

|  |  |  |   |  |
|--|--|--|---|--|
|  |  |  | <p>decision to quarantine for destruction each drug affected or that each drug affected is safe for continued use. Documentation must also include the information source for the actions taken.</p> <p>-A written emergency action plan</p> <p>-Routine preventative maintenance and evaluation of refrigeration and monitoring equipment</p> <p>-A written Quality Assurance Plan (for vaccine)</p> |  |
|--|--|--|---|--|

Vaccine Drug Storage

Yes No N/A

Rule Reference

|                          |                          |                          |     |   |                     |
|--------------------------|--------------------------|--------------------------|-----|---|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. | Do you store vaccines in the temperature stable sections of the refrigerator? (Including the central shelves, but not the door or crisper drawers)  | OAR 855-041-1036(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. | Are your freezer and refrigerator compartments separate, with own exterior door(s), and independent thermostat controls with a centrally placed, accurate, and <u>buffered</u> probe thermometer, calibrated within a <u>+/- 0.5°C variance</u> ? |                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. | Does each active vaccine storage unit utilize a system of <i>continuous</i> temperature monitoring with automated data logging? (at least every 15 minutes)   |                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39. | Do you conduct quarterly validations of your vaccine storage units and their monitoring equipment? What is your process to conduct this? _____  |                     |

Vaccine Administration

Yes No N/A

Rule Reference

|                          |                          |                          |     |   |                        |
|--------------------------|--------------------------|--------------------------|-----|---|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40. | Do all immunizing pharmacists/interns have documentation/certificate of training and a current CPR card intended for healthcare providers on site and available for inspection? (Note: A pharmacist may NOT continue to provide immunizations or oversee interns immunizing if their CPR certification has lapsed.) If a pharmacist/intern does not currently have the CPR card for healthcare professionals, it must be obtained at the time of the next card renewal. | OAR 855-019-0290       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41. | Does CPR training/re-training include a hands-on training component? <b>Please attach a copy of all CPR cards to the back of this report.</b>   | OAR 855-019-0270(3)(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42. | Does the pharmacy have required equipment and supplies for managing adverse events and are reviews done to ensure supplies are complete and that no medication with expire before the next review? See protocol for complete list.<br><br>Earliest expiration date: _____   | OAR 855-019-0270       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. | Is all information reported to the OHA ALERT Immunization Information System within 15 days of administration?  | OAR 855-019-0290       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. | Is the pharmacist/intern who administers any vaccine/immunization maintaining the following information: name, address, gender, date of birth of the patient and phone number when available; date of administration; injection site; name, dose, manufacturer, lot number, and expiration date of the vaccine; identity of administering pharmacist; the date of the publication of the VIS; and the date the VIS was provided?  | OAR 855-019-0290       |

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"/> | 45. | Do you provide prescriptions to patients in a Skilled Nursing Facility (SNF) and/or Immediate Care Facility (ICF)? If yes, do you have the required institutional drug outlet license? Registration # _____ | OAR 855-041-5005<br>OAR 855-041-5015<br>OAR 855-041-7050 |
|--------------------------|--------------------------|--------------------------|-----|---|--|

|                          |                          |                          |     |   |   |
|--------------------------|--------------------------|--------------------------|-----|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46. | Are you providing emergency drug kits to any facilities? Have you ensured these facilities are allowed by their license 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"/> | 47. | Are you ensuring that only a licensed nurse is accessing the emergency drug kit or on-site pharmacy pursuant to OAR 855-041-6310? <b>AND</b> that there is a practitioner's order to authorize the removal of medications? How?               | OAR 855-041-7060(2)(b)<br>OAR 855-041-7060(5) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. | Do you accept the return of previously dispensed prescriptions?   | OAR 855-041-1045(3)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. | Do you dispense medications that have been previously dispensed and returned?   | OAR 855-041-1045(3)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. | Are you 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)(a)                        |

**Compounding and Sterile Parenteral Products**  
 Compounding is separated into five categories (1-5):  
 Examples of each category are:  
 Category 1 – Magic mouth wash, mixing two creams together  
 Category 2 – Making capsules, tablets, suppositories  
 Category 3 – Antibiotic in an IV solution, two additives to an IV solution  
 Category 4 – Multiple medications in an IV, TPNs – Total parenteral nutrition solutions with multiple additives  
 Category 5 – Non sterile powder used to prepare solutions for sterile IV pump infusions

|                          |                          |                          |     |   |  |
|--------------------------|--------------------------|--------------------------|-----|---|--|
| Yes                      | No                       | N/A                      |     |   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51. | Do you compound <b>Category 2 through 5</b> products?<br><br><b>If yes, download and complete the additional inspection form for compounding.</b> |  |

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 technicians, and the answers marked on this report are true and correct.

\_\_\_\_\_  
 Pharmacist-in-charge signature

\_\_\_\_\_  
 License #

\_\_\_\_\_  
 Date



Cut on this line, file in location of each item, and post next to outlet license on the wall.

**DO NOT SEND ANY PART OF THIS REPORT TO THE BOARD OFFICE.**  
**KEEP IN THE BOARD OF PHARMACY LAW BOOK, COPIES SENT TO THE BOARD WILL BE DISCARDED.**

Location of PIC Self-Inspection Form: \_\_\_\_\_

Location of Board of Pharmacy Laws and Rules: \_\_\_\_\_