



2024
ANIMAL EUTHANASIA DRUG OUTLET
SELF-INSPECTION FORM

ATTENTION: DESIGNATED REPRESENTATIVE

Failure to complete this form by July 1, 2024, may result in disciplinary action ([OAR 855-080-0100\(1\)\(c\)\(F\)](#)).

[Oregon Administrative Rule 855-080-0100](#) identifies requirements to be met in order for a humane society or animal control agency to be registered or registration renewed to allow the purchase, possession and administration of sodium pentobarbital and sedative and analgesic medications for euthanizing injured, sick, homeless, or unwanted domestic pets and other animals.

Per [ORS 475.190\(1\)](#), notwithstanding the provisions of [ORS 475.185](#), upon registration with the State Board of Pharmacy (Board), a humane society or animal control agency may purchase, possess and, subject to subsection (4) of this section, administer sodium pentobarbital and sedative and analgesic medications to euthanize injured, sick, homeless, or unwanted domestic pets and other animals.

Requirements: Oregon law states the Designated Representative is responsible for ensuring the outlet is compliant with all applicable state and federal laws and rules. This form must be provided to the Board immediately upon request at the time of inspection and retained in compliance with laws and rules.

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

Internal Use: Following completion of the self-inspection form, ensure it is signed and dated by the Designated Representative, reviewed with all staff, and filed in a conspicuous manner (DO NOT SEND to the agency office). It is advisable to store the documents in a binder, using tabs to partition and organize 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. As these inspections are not coordinated with the Designated Representative, outlet staff should be able to retrieve the form and locate any auxiliary documents referenced within.

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

**2024 ANIMAL EUTHANASIA DRUG OUTLET
SELF-INSPECTION FORM**

Date Self-Inspection Completed: _____ / _____ / _____

Outlet Name: _____ Registration #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Designated Representative Name: _____

Designated Representative Email: _____

Designated Representative Phone Number: (_____) _____ - _____

Veterinarian's OR License #: _____ EXP: _____ / _____ / _____

Veterinarian's DEA License #: _____ EXP: _____ / _____ / _____

Hours of operation: _____

INSTRUCTIONS

The Designated Representative must evaluate the outlet's compliance with applicable Board of Pharmacy and Veterinary Medical Examiners Board laws and rules by completing this inspection form by July 1, 2024. Unless otherwise specified, this document is to be retained for 3 years (the first of which must be on site) and must be provided to the Board upon request, as outlined in [OAR 855-104-0055](#).

Mark the appropriate box to the left of each item, resolve all deficiencies and write the date of correction, if applicable.

Drug Acquisition and Security

Yes	No		Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	1	Has the outlet identified a designated representative who will serve as the primary contact person responsible for managing the outlet operations? OAR 855-080-0100(1)(a)
<input type="checkbox"/>	<input type="checkbox"/>	2	Does the outlet have policies and procedures for drug management (to include security, acquisition, storage, and record keeping)? Where are the records located? OAR 855-080-0100(1)(b) and (c)

Yes	No	Rule Reference		
<input type="checkbox"/>	<input type="checkbox"/>	3	Are drugs kept in a locked drug cabinet, or drug storage area that prevents access by unauthorized persons?	OAR 855-080-0100(1)(b)
<input type="checkbox"/>	<input type="checkbox"/>	4	Does the outlet verify that all drugs are acquired from an Oregon-registered distributor? Licenses and registrations may be verified on the Board website www.oregon.gov/pharmacy .	OAR 855-080-0100(1)(b)
		5	Who are your primary and secondary supplier(s), and what are their registration number(s): Where are the invoices located?	
<input type="checkbox"/>	<input type="checkbox"/>	6	Who is the assigned person responsible for the security of sodium pentobarbital, sedative, and analgesic medications? Name: _____ Work Email: _____ Is there a <u>written</u> record which designated the assigned person responsible for the security of sodium pentobarbital, sedative, and analgesic medications? Where is this record located?	OAR 855-080-0100(1)(b)
<input type="checkbox"/>	<input type="checkbox"/>	7	Is the outlet aware that only these drugs may be used to perform animal Euthanasia? (check all that are used at this location) <input type="checkbox"/> Acepromazine (DEA Non-scheduled) <input type="checkbox"/> Butorphanol (DEA Schedule IV) <input type="checkbox"/> Diazepam/Midazolam (DEA Schedule IV) <input type="checkbox"/> Ketamine (DEA Schedule III) <input type="checkbox"/> Medetomidine (DEA Non-scheduled) <input type="checkbox"/> Sodium pentobarbital <input type="checkbox"/> Tiletamine and Zolazepam (Telazol) (DEA Schedule III) <input type="checkbox"/> Xylazine (DEA Non-scheduled)	OAR 875-040-0000

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	8	<p>Are all personnel that euthanize animals currently registered as Certified Euthanasia Technicians (CET) with the Oregon Veterinary Medical Examining Board?</p> <p>Where are CET training records located?</p>	OAR 875-040-0010

Storage

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	9	<p>Are all drugs stored in appropriate conditions with regards to temperature, light, humidity, sanitation, ventilation, and space?</p> <p>How are proper temperatures ensured and maintained?</p>	

Records

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	10	<p>Are the following records kept for a minimum of 3 years?</p> <ul style="list-style-type: none"> • A record of withdrawal of sodium pentobarbital, sedative and analgesic medications signed by the person who takes possession; • A record of weight, species of animal euthanized and dosage of each drug administered signed by the person who administers the drug and by the designated person responsible for security; • A record wastage of each drug signed by the person who administers the drug and by the designated person responsible for security; • A weekly record of verification of the amount of each drug on hand, minus amounts withdrawn for administration signed by the person who administers the drug and by the designated person responsible for security; and • A record of disposal of expired or unwanted sodium pentobarbital, sedative, and analgesic medications. <p>Where are the records located?</p>	OAR 855-080-0100(1)(c)
<input type="checkbox"/>	<input type="checkbox"/>	11	Are records readily retrievable and available for inspection?	OAR 855-080-0100(1)(c)
<input type="checkbox"/>	<input type="checkbox"/>	12	Does the outlet notify the Board and local DEA field office of significant drug loss or violation related to drug theft within one business day?	OAR 855-080-0100(2) & (3)

Complete the box below to identify all animal euthanasia outlet personnel. Update this list as new hires occur throughout the inspection cycle. Please check the box next to the CET's name to indicate you have verified that you have documentation of each individual's CET training available for Board inspection.

NAME	TITLE	CET CERTIFICATE #	EMPLOYEE'S SIGNATURE

=====
 Name and Title of Person Completing Form: _____

Signature of the Person Completing Form: _____

Date: ____ / ____ / _____