[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Pharmacy incident report

Record dispensing errors, near misses and other incidents - learn from what happened and prevent repeats.

Incident details

Pharmacy: _____

Date of incident: _____

Time: _____

Reported by: _____

Date reported: _____

Incident type: _____

What happened [Describe the incident factually: what was prescribed, what was dispensed or what occurred, and how it was discovered.]

People affected

(1) Name: _____ **Role:** _____

Contact: _____ **Harm caused:** _____

Immediate action taken [What was done straight away, e.g. patient contacted, prescriber informed, medicine quarantined.]

Root cause and learning

[e.g. look-alike packaging]: _____

[e.g. interruption during dispensing]: _____

[e.g. staffing pressure]: _____

Corrective actions

(1) Action: _____ **Owner:** _____

Due date: _____ **Done:** [ ]

(2) Action: _____ **Owner:** _____

Due date: _____ **Done:** [ ]

Sign-off

Investigated by: _____ **Reviewed by (manager):** _____ **Date:** _____