



Accredited Checking Pharmacy Technician
(ACPT) Programme

Error Report Form

Candidate name: _____ Date: _____

Brief description of error missed

Root cause of the error

Root cause of the candidate missing the error

Potential outcome and impact of the error to the patient

Corrective action taken

Educational supervisor comments

Signed by candidate: _____ Date: _____

Signed by educational supervisor: _____ Date: _____