

## 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: