NI Centre for Pharmacy Learning & Development

Pre and In-Process Checking Accredited Programme (PIPC)

Discovered Error Report Form

Trainee name: Date:

Brief description of dispensing error discovered by trainee.

Sheet Number: Date: __/__/__

Has this error been reported? Yes/No

Root cause of the error

Potential outcome and impact of error to the patient

Corrective action taken

Educational supervisor comments

Signed by trainee: Date:

Signed by educational supervisor: Date: