

## Error Report Form for Reaccreditation

PIP Checker name: \_\_\_\_\_

Brief description of aseptic dispensing error **made** (details of who discovered the error and what stage the error was discovered):

Root cause of the error and potential impact of the error to the patient:

What have you learnt from this?

(Reflection by PIP checker-Have other members of staff been informed? Has this error been reported? Is the error included in the agenda for the next staff meeting? Is there a CPD learning need? Do SOPs need changed? Is there a high risk of this error being repeated?)

Corrective action taken (if any)

Signed by PIP checker: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by educational supervisor: \_\_\_\_\_

Date: \_\_\_\_\_