

## Pre and In-Process Checking Accredited Programme (PIP)

## Discovered Error Report Form

Candidate name:	Date:
Brief description of dispensing error discovered by candidate	
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 candidate:	Date:
Signed by educational supervisor:	Date: