Error Report Form

Candidate name: _____ Date: _____

Brief description of error missed

Number of checks collected before this error was missed?

Has this error been reported?   Yes/No

Root cause of the error and root cause of candidate missing 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: _____