


# PACT - Dispensing Errors Detected (Appendix 3)

Technician Name:.....

Pharmacy:.....

Details of Dispensing Errors Detected – **Please photocopy this form as required**

Item No.	Date	Group A (A) or Group B (B)	Details of Error (include drug name and a description of the error)	Signature of Pharmacist
(example) 52	26/9/19	(A)C	Incorrect strength picked. Prescription is for Metoprolol 95mg tablets. I dispensed 47.5mg tablets. Picked up mistake when self-checking. Informed pharmacist and corrected error.	

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Technician Name:.....

Pharmacy:.....

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<b>Item No.</b>	<b>Date</b>	<b>Group A (A) or Group B (B)</b>	<b>Details of Error (include drug name and a description of the error)</b>	<b>Signature of Pharmacist</b>