

# PACT - Dispensing Activity Log - Hospital Pharmacy

Name: .....

Pharmacy: .....

Page number:

Please photocopy this form as required

Item number	Date	Item Dispensed	Prescription Type and Specialty (use codes in Appendix 2)	Dispensing Error found by technician (use code in Appendix 2) #	Technician's Signature	Dispensing Error found by Final Checker (pharmacist) (use code in Appendix 2) ^	Final Checker's (pharmacist) Signature

# If dispensing error is found, complete details of error on separate form (Appendix 3).  
 ^ If error found by final checker, complete Appendix 4.

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 ^ If error found by final checker, complete Appendix 4.