PACT - Details of Dispensing Errors Detected during Pharmacist Check (Appendix 4)

Pharmacist Name: ....

Pharmacy: ....

Technician Name: ....

Details of Errors Detected during Pharmacist Check– **Please photocopy this form and complete one for each error.**

Item No.		*Date*		*Error Group A or Group B*		*Error Code*	

Details of Error (include drug name and a description of the error)		*Reason why the dispensing error occurred*	
Reason candidate failed to dispense item correctly		*Action to prevent error re-occurring*	
Potential impact of error on the patient		*Date this page was reviewed with Pharmacist*	
		Signature of Pharmacist	