[Company name]

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Pharmacy incident report

Record dispensing errors, near misses and other incidents - learn from what happened and prevent repeats.

Incident details

Pharmacy	[Pharmacy name]
Date of incident	[Date]
Time	[Time]
Reported by	[Name and role]
Date reported	[Date]
Incident type	[Dispensing error / near miss / adverse reaction / complaint / other]

What happened

[Describe the incident factually: what was prescribed, what was dispensed or what occurred, and how it was discovered.]

People affected

Name	Role	Contact	Harm caused
[Name]	[Patient / staff]	[Contact]	[None / describe]

Immediate action taken

[What was done straight away, e.g. patient contacted, prescriber informed, medicine quarantined.]

Root cause and learning

Contributing factor	Details
[e.g. look-alike packaging]	[Details]
[e.g. interruption during dispensing]	[Details]
[e.g. staffing pressure]	[Details]

Corrective actions

Action	Owner	Due date	Done
[Action]	[Name]	[Date]	[ ]
[Action]	[Name]	[Date]	[ ]

Sign-off

[Company name]

Investigated by	Reviewed by (manager)	Date