SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

Template

Incident/Accident Reporting

Reporting an ☐ incident ☐ accident		
Date of incident/accident: Time of incident/accident:	Reported by:	
Name of patient affected, if applicable:	Full address: Phone number:	
Pharmacy personnel involved:		
Information about incident/accident:		
Disclosed to the patient concerned ☐ Yes	Name of pharmacist following up:	
Analysis of causes		
Causes:	Options for corrections or changes:	Corrections or changes chosen:
Action plan		
Actions:	Responsible:	Deadline:
Monitoring		
Verification	Responsible:	
Closing of the file		
Signature of pharmacist responsible for follow up:		