Alberta College of Pharmacy

Incident/accident reporting

Pharmacy compounding of non-sterile preparations

Reporting an

◯ Incident ◯ Accident

Date of incident/accident

Day / Month / Year

Time of incident/accident

Reported by

Disclosed to patient concerned (if applicable)

☐ Yes Name of pharmacist following up

Patient name and information (if applicable)

Pharmacy personnel involved

Information about incident/accident

Analysis of causes

Causes	Options for corrections or changes	Corrections or changes chosen

Action plan

Actions	Responsible	Deadline	✓
			☐
			☐
			☐
			☐

Monitoring

Verifications	Responsible	✓
		☐
		☐
		☐
		☐

Closing of the file

Signature of pharmacist responsible for follow-up