

Incident/accident* reporting and follow-up		
Reporting an incident accident		
General information		
Date and 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: <input type="checkbox"/>		
Name of pharmacist responsible for follow-up:		
Analysis of causes	Correction/change options:	Corrections/changes chosen:
Action plan	Responsibility:	Deadline:
		<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring	Responsibility:	
		<input checked="" type="checkbox"/> <input type="checkbox"/>
Closing of the file		Date file closed:
Pharmacist responsible for follow-up: License No.:		

*An accident is an action or situation in which the risk event occurs and has or could have an impact on the health status or well-being of the user (patient), personnel or a third party. An incident is an action or situation that has no impact on the health status or well-being of the user (patient), personnel or any third party, but that does have an unusual result that could, on other occasions, lead to adverse consequences.