FISHER FARM RESIDENTIAL ASSOCIATION LTD. MEDICATION ERROR/REFUSAL REPORT

Individual's Name:

Date:

Time:

Location/Address:

Staff on duty:

Staff reporting medication error:

Description of Error

Which action was taken

Circle who was contacted and fill in the approximate time

Pharmacy	Physician	LOCAL EMERGENCY	911	Poison control	Administrator	OTHER

Follow up

Staff Name (please print)

	OFFICE Use ONLY			
Staff Signature	Team Lead/Supervisor Signature:			
	Print:	Date		
Date :				
	Administrator Signature:			
April 1, 2012 Revised Dec 20, 2022 B5-1	Print Name:	Date:		