Controlled drug discrepancy report

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Date found *

_____

Drug and strength *

For example, methadone 10 mg/ml.

_____

Register balance *

_____

Physical count *

_____

Likely cause *

For example, a dose not entered, a breakage or a counting error.

_____

_____

_____

Actions taken *

_____

_____

_____

Reported to the regulator? *

Some discrepancies, especially losses or thefts, must be reported. Check your local rules.

○ Yes ○ No ○ Not needed

Signature *

This report is true to the best of my knowledge.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____