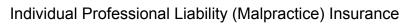
INCIDENT REPORTING FORM







Pharmacist's / Technician's Details			
Name of insured involved in Incident		Please check one	
		Pharmacist	Pharmacy Technician
Business Number	Residence Number		Mobile Number
Certificate Number (or OPA Member number) of Individual Professional Liability (Malpractice) Insurance			
Details of Incident			
Note: If notice received from Ontario College of Pharmacists (OCP), attach copy of notice and any subsequent correspondence, also complete relevant questions below:			
Date of Error or Incident			
Date of First Knowledge of Incident or First Notice from OCP			
Name of Patient			
Details of Error, Incident or Basis of Complaint to OCP			
Has treating physician been notified of Error or Incident? ☐ Yes ☐ No		Has the pharmacy (store) insurer been notified? Yes No	
Outline steps taken to rectify Error, Incident or Complaint to OCP			
Are you aware of any verbal or written complaint (other than complaint to OCP) or demand made by patient?			
☐ Yes ☐ No			
If 'yes', please attach copy of complaint or demand. If verbal, provide details			
Have any ill effects been reported by patient?			
Yes No			
If 'yes' please describe			