**Logo

Description automatically generated**

Dispensing and Accuracy Checking Log for Unit 8 Assemble and Check Dispensed Medicines and Products

**Pearson BTEC Level 3 Diploma in the Principles and Practice for Pharmacy Technicians 603/5160/3**

**Pearson BTEC Level 3 Diploma in the Principles and Practice for Pharmacy Technicians (integrated apprenticeship) 603/6304/6**

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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 1 |  |  |  | 26 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 2 |  |  |  | 27 |  |  |  |
| 3 |  |  |  | 28 |  |  |  |
| 4 |  |  |  | 29 |  |  |  |
| 5 |  |  |  | 30 |  |  |  |
| 6 |  |  |  | 31 |  |  |  |
| 7 |  |  |  | 32 |  |  |  |
| 8 |  |  |  | 33 |  |  |  |
| 9 |  |  |  | 34 |  |  |  |
| 10 |  |  |  | 35 |  |  |  |
| 11 |  |  |  | 36 |  |  |  |
| 12 |  |  |  | 37 |  |  |  |
| 13 |  |  |  | 38 |  |  |  |
| 14 |  |  |  | 39 |  |  |  |
| 15 |  |  |  | 40 |  |  |  |
| 16 |  |  |  | 41 |  |  |  |
| 17 |  |  |  | 42 |  |  |  |
| 18 |  |  |  | 43 |  |  |  |
| 19 |  |  |  | 44 |  |  |  |
| 20 |  |  |  | 45 |  |  |  |
| 21 |  |  |  | 46 |  |  |  |
| 22 |  |  |  | 47 |  |  |  |
| 23 |  |  |  | 48 |  |  |  |
| 24 |  |  |  | 49 |  |  |  |
| 25 |  |  |  | 50 |  |  |  |

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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 51 |  |  |  | 76 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 52 |  |  |  | 77 |  |  |  |
| 53 |  |  |  | 78 |  |  |  |
| 54 |  |  |  | 79 |  |  |  |
| 55 |  |  |  | 80 |  |  |  |
| 56 |  |  |  | 81 |  |  |  |
| 57 |  |  |  | 82 |  |  |  |
| 58 |  |  |  | 83 |  |  |  |
| 59 |  |  |  | 84 |  |  |  |
| 60 |  |  |  | 85 |  |  |  |
| 61 |  |  |  | 86 |  |  |  |
| 62 |  |  |  | 87 |  |  |  |
| 63 |  |  |  | 88 |  |  |  |
| 64 |  |  |  | 89 |  |  |  |
| 65 |  |  |  | 90 |  |  |  |
| 66 |  |  |  | 91 |  |  |  |
| 67 |  |  |  | 92 |  |  |  |
| 68 |  |  |  | 93 |  |  |  |
| 69 |  |  |  | 94 |  |  |  |
| 70 |  |  |  | 95 |  |  |  |
| 71 |  |  |  | 96 |  |  |  |
| 72 |  |  |  | 97 |  |  |  |
| 73 |  |  |  | 98 |  |  |  |
| 74 |  |  |  | 99 |  |  |  |
| 75 |  |  |  | 100 |  |  |  |

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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 101 |  |  |  | 126 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 102 |  |  |  | 127 |  |  |  |
| 103 |  |  |  | 128 |  |  |  |
| 104 |  |  |  | 129 |  |  |  |
| 105 |  |  |  | 130 |  |  |  |
| 106 |  |  |  | 131 |  |  |  |
| 107 |  |  |  | 132 |  |  |  |
| 108 |  |  |  | 133 |  |  |  |
| 109 |  |  |  | 134 |  |  |  |
| 110 |  |  |  | 135 |  |  |  |
| 111 |  |  |  | 136 |  |  |  |
| 112 |  |  |  | 137 |  |  |  |
| 113 |  |  |  | 138 |  |  |  |
| 114 |  |  |  | 139 |  |  |  |
| 115 |  |  |  | 140 |  |  |  |
| 116 |  |  |  | 141 |  |  |  |
| 117 |  |  |  | 142 |  |  |  |
| 118 |  |  |  | 143 |  |  |  |
| 119 |  |  |  | 144 |  |  |  |
| 120 |  |  |  | 145 |  |  |  |
| 121 |  |  |  | 146 |  |  |  |
| 122 |  |  |  | 147 |  |  |  |
| 123 |  |  |  | 148 |  |  |  |
| 124 |  |  |  | 149 |  |  |  |
| 125 |  |  |  | 150 |  |  |  |

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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 151 |  |  |  | 176 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 152 |  |  |  | 177 |  |  |  |
| 153 |  |  |  | 178 |  |  |  |
| 154 |  |  |  | 179 |  |  |  |
| 155 |  |  |  | 180 |  |  |  |
| 156 |  |  |  | 181 |  |  |  |
| 157 |  |  |  | 182 |  |  |  |
| 158 |  |  |  | 183 |  |  |  |
| 159 |  |  |  | 184 |  |  |  |
| 160 |  |  |  | 185 |  |  |  |
| 161 |  |  |  | 186 |  |  |  |
| 162 |  |  |  | 187 |  |  |  |
| 163 |  |  |  | 188 |  |  |  |
| 164 |  |  |  | 189 |  |  |  |
| 165 |  |  |  | 190 |  |  |  |
| 166 |  |  |  | 191 |  |  |  |
| 167 |  |  |  | 192 |  |  |  |
| 168 |  |  |  | 193 |  |  |  |
| 169 |  |  |  | 194 |  |  |  |
| 170 |  |  |  | 195 |  |  |  |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 201 |  |  |  | 226 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 202 |  |  |  | 227 |  |  |  |
| 203 |  |  |  | 228 |  |  |  |
| 204 |  |  |  | 229 |  |  |  |
| 205 |  |  |  | 230 |  |  |  |
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| 207 |  |  |  | 232 |  |  |  |
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| 210 |  |  |  | 235 |  |  |  |
| 211 |  |  |  | 236 |  |  |  |
| 212 |  |  |  | 237 |  |  |  |
| 213 |  |  |  | 238 |  |  |  |
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| 215 |  |  |  | 240 |  |  |  |
| 216 |  |  |  | 241 |  |  |  |
| 217 |  |  |  | 242 |  |  |  |
| 218 |  |  |  | 243 |  |  |  |
| 219 |  |  |  | 244 |  |  |  |
| 220 |  |  |  | 245 |  |  |  |
| 221 |  |  |  | 246 |  |  |  |
| 222 |  |  |  | 247 |  |  |  |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 251 |  |  |  | 276 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 252 |  |  |  | 277 |  |  |  |
| 253 |  |  |  | 278 |  |  |  |
| 254 |  |  |  | 279 |  |  |  |
| 255 |  |  |  | 280 |  |  |  |
| 256 |  |  |  | 281 |  |  |  |
| 257 |  |  |  | 282 |  |  |  |
| 258 |  |  |  | 283 |  |  |  |
| 259 |  |  |  | 284 |  |  |  |
| 260 |  |  |  | 285 |  |  |  |
| 261 |  |  |  | 286 |  |  |  |
| 262 |  |  |  | 287 |  |  |  |
| 263 |  |  |  | 288 |  |  |  |
| 264 |  |  |  | 289 |  |  |  |
| 265 |  |  |  | 290 |  |  |  |
| 266 |  |  |  | 291 |  |  |  |
| 267 |  |  |  | 292 |  |  |  |
| 268 |  |  |  | 293 |  |  |  |
| 269 |  |  |  | 294 |  |  |  |
| 270 |  |  |  | 295 |  |  |  |
| 271 |  |  |  | 296 |  |  |  |
| 272 |  |  |  | 297 |  |  |  |
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| 275 |  |  |  | 300 |  |  |  |

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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 301 |  |  |  | 326 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 302 |  |  |  | 327 |  |  |  |
| 303 |  |  |  | 328 |  |  |  |
| 304 |  |  |  | 329 |  |  |  |
| 305 |  |  |  | 330 |  |  |  |
| 306 |  |  |  | 331 |  |  |  |
| 307 |  |  |  | 332 |  |  |  |
| 308 |  |  |  | 333 |  |  |  |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state**  **error code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state**  **error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 351 |  |  |  | 376 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 352 |  |  |  | 377 |  |  |  |
| 353 |  |  |  | 378 |  |  |  |
| 354 |  |  |  | 379 |  |  |  |
| 355 |  |  |  | 380 |  |  |  |
| 356 |  |  |  | 381 |  |  |  |
| 357 |  |  |  | 382 |  |  |  |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 401 |  |  |  | 426 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 402 |  |  |  | 427 |  |  |  |
| 403 |  |  |  | 428 |  |  |  |
| 404 |  |  |  | 429 |  |  |  |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N (if Y please state error**  **code)** | **Final Checkers Signature and date** | **Item no.** | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | **Final Checkers Signature and date** |  | **Error codes** |
| 451 |  |  |  | 476 |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item |
| 452 |  |  |  | 477 |  |  |  |
| 453 |  |  |  | 478 |  |  |  |
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|  | |  | | **Final Checker Name / Names** | | | **Name** | | | **Signature** | | | | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | | **Dispensing Error Found Y/N (if Y please state error**  **code)** | | **Final Checkers Signature and date** | **Item no.** | | **Drug / Item Dispensed** | **Dispensing Error**  **Found Y/N (if Y please state error code)** | | **Final Checkers Signature and date** |  | **Error codes** | | |
|  |  | |  | |  |  | |  |  | |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container / closure 3. missing additional label 4. missing signature 5. unacceptable presentation 6. missing patient information leaflet 7. missing item | | |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 1 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 26 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 51 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 76 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 101 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 126 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 151 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 176 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 201 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 226 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 251 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 276 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 301 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 326 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 351 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 376 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 401 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Learner Name:** |  | **Final Checker Name / Names** | **Name** | **Signature** | **Initials** | **GPhC number** |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 426 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 451 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
| 476 |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Item no.** | **Drug / Item Dispensed** | **Dispensing Error Found Y/N**  **(If Y please state Error Code and complete section in Annex C)** | **Learner Signature and date** | **Has the learner correctly checked the item?**  **(If N please state Error Code)** | **Final Checkers Signature and date** |  | **Error Codes** |
|  |  |  |  |  |  | **1. Incorrect label**   1. drug name 2. drug form 3. drug strength 4. quantity 5. incorrect patient’s name 6. directions 7. additional warnings 8. cost code 9. ward 10. date 11. incorrect expiry date 12. incorrect batch number 13. incorrect spelling   **2. Incorrect Contents**   1. drug 2. drug form 3. drug strength 4. quantity   **3. Other**   1. expired contents 2. incorrect container/closure 3. missing additional label/leaflet 4. missing signature 5. missing clinical screen 6. incorrect future supply arrangements |
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| **Item no**  **(please refer to Log from Annex B** | **Details of Error**  **(Include drug name & a description of the error)** | **Action taken and then sign to endorse the statement** | **Learner Signature and date** | **Has the learner taken the appropriate action (Y/N)** | **Final Checkers Signature and date** |
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Further copies of Annex C may be produced if necessary.