**Discrepancy/Issue Form for Drug Packs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Drug Pack No. | Location | Name & ID number | Discrepancy/Issue | Notes/Observation |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Discrepancy codes:**

1. **Incorrect quantity B) Expired medication C) Damaged medication D) Discrepancy in paperwork E) Items missing**

**F) Drug pack reached critical level and no spare available G) Other**