



2.6 SYNMED® ERROR SHEET

Week of _____ to _____ 20____

DATE	INITIALS	DRUG	JUMPERS	MISSING	DUPLICATES	BREAKAGES	OTHER	# OF CELL	COMMENTS

STEPS TAKEN TO REMEDY REPEATED ERRORS

DATE	ACTION	COMMENTS	POINT PERSON



2.7 RECORD OF ACKNOWLEDGEMENT OF SYNIMED® PROCEDURES

Pharmacy Identification:	
Procedure Identification:	
Effective Date:	

I, the undersigned, declare that I have read and understood the above-mentioned procedure as presented to date, and I agree to adhere to it in my daily work schedule.

DATE	NAME	SIGNATURE	INITIALS

Signature of Pharmacist Manager:	Date:
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