Kansas	**STATE BOARD OF PHARMACY** 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056 pharmacy@ks.gov Fax (785) 296-8420	**CQI Incident Report Evaluation** Form C-650

INSTRUCTIONS

Maintain all completed CQI Incident Report Evaluation forms (C-650) with corresponding CQI Bimonthly Summary form (C-550).

INCIDENT INFORMATION

Facility Name	Facility Registration Number
Prescription Number	Date incident report created
Incident type: ☐ Wrong drug ☐ Incorrect drug strength ☐ Incorrect dosage form ☐ Wrong patient ☐ Inadequate or incorrect packaging, labeling, or directions ☐ Dispensed drug resulted in (or has potential to result in) serious harm to patient ☐ Other _____	
Date PIC (or designee) started review	Name of Reviewer

PHARMACY PERSONNEL INVOLVED (Attach additional pages if needed.)

Employee Name	License/Registration #	Date Incident Reviewed	Name of Person reviewing incident with Employee

PSO EXEMPTION

☐ Yes ☐ No **Do you actively participate in a Patient Safety Organization (PSO)?**

If yes, Name of PSO: _____ Membership Expiration Date: _____

If yes, the Root Cause Analysis (RCA) and Corrective Action Plan (CAP) are not required.

PIC CERTIFICATION

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE _____ PRINTED NAME _____ DATE REVIEW COMPLETED _____

Revised 1/2025

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CQI Incident Report Evaluation

Form C-650

PRESCRIPTION INFORMATION

Prescription number	Date incident report created

ROOT CAUSE ANALYSIS (RCA)

Examine all issues and processes that led to the incident. Attach additional pages, if necessary.

CORRECTIVE ACTION PLAN (CAP)

List measures to be taken to ensure incident doesn't recur. Attach additional pages, if necessary.

PIC CERTIFICATION

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE | PRINTED NAME | DATE REVIEW COMPLETED

Revised 1/2025