

# MAR Error Tracking Sheet

## Long-Term Care Unit

Date	Resident Name / ID	Room #	Medication Name & Dose	Type of Error (e.g., Omission, Wrong Dose, Time, Documentation, etc.)	Brief Description of Error	Person(s) Involved	Action Taken / Follow-up	Initials

Completed by (Name & Signature):

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_