

# MAR Error Tracking Sheet

Long-Term Care Unit

| Date | Resident Name / ID | Room # | Medication Name & Dose | Type of Error<br>(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: \_\_\_\_\_