

Oklahoma Pharmacists Helping Pharmacists (OPHP) Monitoring Program
Monthly Work Site Monitor Report
(Pharmacists)

Name of Participant: _____ Pin # _____

Date of Report: _____ For Month: _____, 20____

Employer's name and address: _____

Employer's phone number: _____

Is the demographic information a change from the last report? Yes No

Average work hours per day: _____ Average total hours per week: _____

Shifts worked: Day Evening Night Weekend

Number of absences: _____ Number of late arrivals: _____

Did you see the participant face-to-face this month? Yes No

Please tell us your assessment of this individual's work performance since last month (or the last report you filed) and include supporting comments: Very Good Good Fair Poor Very Poor

Number of medication errors: _____ Average number of prescriptions filled per day by participant: _____

Do you believe this is an unusual number of errors? If yes, please explain in comments. Yes No

With what medications were errors made? Please itemize: _____

Have there been any new complaints from customers or coworkers about participant's performance? Yes No

Has any disciplinary action been necessary? Yes No

If yes, was it written or verbal? Written Verbal

Comments/Concerns: _____

Do you need more information about the OPHP Monitoring Program or participant? Yes No

Do you need to speak with the participant's case manager? Yes No

As far as you are aware, is the participant complying with the standards of acceptable and prevailing practice and appear able to practice with reasonable skill and safety? Yes No

I have a copy of the participant/s RMC # _____

Person Completing Report (Print Name): _____ Title: _____

Date: _____

Signature: _____ Telephone: _____

(Please fax this form to _____ by the 10th of the month.)

Thank you for your cooperation.

For Office Use Only

Date Received by OPHP: _____ Case Manager: _____