# Safety Climate Survey

# Community Pharmacy Reflection Sheet

Please use this form to summarise your team discussions and action plan from your safety climate survey report. You should submit this completed form to Safety in Practice at audit@safetyinpractice.co.nz.

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| **Pharmacy Name** |  |
| **Date of team discussion** |  |
| **Number of staff invited to complete survey** |  |
| **Numbers of staff who completed survey** |  |
| **Number of staff at team discussion** |  |

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| **What positive aspects of your team’s safety culture were highlighted in the report and your discussions?**  |
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| **What aspects of your safety culture do you as a team feel you could improve?**  |
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| **What steps will you take to improve these aspects of your safety culture?** |
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| **What else might you change to improve your safety culture?** |
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| **Would you like any support or guidance to make changes in your practice? If so, what would be useful?** |
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