

## Placenta Process Record - encapsulation (step 2)

PRN Member email address (your form will be sent to this address) \*

Client's name \*

Any allergies noted on Booking Form? \*

- No  
 Yes, please note

Date of encapsulation \*

Time of encapsulation \*

 :  AM 

Location of encapsulation \*

Hands washed & Personal Protection Equipment worn (7.5) \*

- Yes  
 No, why?

Work space set up correctly (cleaned, disinfected, protected & supplies prepared) (7.1/7.12) \*

- Yes  
 No, why?

Equipment is clean, disinfected and in good working order prior to use (7.1) \*

- Yes  
 No, why?

Snap test completed - is the placenta completely dry? \*

- Yes  
 No - LEAVE FOR A FURTHER 2 HOURS

Encapsulation process followed (P4) \*

- Yes  
 No, why?

To confirm the following statements please tick those that apply \*

- Bottle/Jar used to hold capsules has been checked for damage, cleaned & dried thoroughly  
 Storage bag used to hold capsules is clean  
 Silica sachet is included with capsules  
 Labels are added to jar/bottle/bag  
 Storage information is included on labels

- Dosage instructions are included on labels
- Remedies are hand delivered
- Remedies are posted for next day, signed for, deliver to client
- Other

**Clean down & disinfect completed (7.1) \***

- Yes
- No, why?

**Waste management steps followed (7.11/A6) \***

- Yes
- No, why?

**Corrective action taken**

**Notes**

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