

## Placenta Process Record - placenta tincture (step 1)

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

Meconium present (double check on Placenta Release Form) \*

- No  
 Yes

Any other physical contaminants present? \*

- No  
 Yes, complete 'corrective action taken' box below

Date of processing tincture \*

Time of processing tincture \*

 :  AM 

Temperature of placenta prior to processing (if not under 8°C then note in corrective actions taken box below) \*

Location remedy is being processed at \*

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?

Placenta tincture process (P6) followed \*

- Yes

No, why?

**Alcohol used is minimum 40% ABV \***

Yes

No, corrective action taken?

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

Yes

No, why?

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

Yes

No, why?

**The Client has been made aware of the following (please tick)**

Tincture will be kept with you for 6 weeks until ready to be strained (complete step 2 after 6 weeks)

Tincture will be sent to client with instructions on steeping & straining after 6 weeks

My clients are left with instructions/labels on how to look after and consume their remedy safely

Any other stipulations?

**Corrective action taken**

**Notes**

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