

## Placenta Process Record - placenta tincture (step 2)

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

Client's name \*

Date of processing tincture \*

Time of processing tincture \*

 :  AM 

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?

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

- Bottles used to hold tincture have been checked for damage, cleaned and dried thoroughly

- Storage bag used to hold tincture is clean
- Labels are added to bottles
- Storage information is included on labels
- Dosage information are included on labels
- Remedies are hand delivered
- Remedies are posted for next day, signed for delivery to client
- Other

**Corrective action taken**

**Notes**

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