

Trainee Full name:				Registration number (if applicable):					Trust and Hospital Base:			
Date	Tick to indicate process Worksheet assembly In-Process			Product category	Licensed status	Product batch	Error type	Contributory factors	Potential or actual outcome	Candidate's signature	Checker's signature	Error not found by checker
	and/or labels	assembly	check	category	status	number	found by candidate	lactors	outcome	Signature	Signature	by thether
Total number of per process									1			<u> </u>

Page numberof Signed by accountable pharmacist......