NI Centre for
Pharmacy Learning & Development

Pre and In-Process Checking
Accredited Programme (PIP)

Recording Sheet

Candidate Name: _____ Base: _____ Sheet Number: _____ Educational Supervisor Signature: _____

Date	Item check	No of items	Details of error discovered	Double checked by	Details of error missed

Total = _____ (Worksheets..... Labels..... Ingredients.....Critical volume..... Reconciliation check.....)