

POWDER PACKET QA WORKSHEET

Date: ___/___/___

Total: _____

*Please complete this worksheet when preparing all inpatient and outpatient powder packets. You must show all of your calculations including any excipients.
(Please remember that all packets must have a total weight (volume) of 100 mg minimum.)*

<i>AMOUNT Used:</i> _____ (Circle: caps, tabs, or grams of powder) <i>Drug Weight/Tablet or Cap:</i> _____ <i>Verified by RPh:</i> _____		Lot#	Exp:
PPD By:	Drug:	Strength:	
<i>Place label example here.</i>		Weight	
RPh Sign Name:		# of packets made _____	
RPh. Verify Calculations:			

<i>AMOUNT Used:</i> _____ (Circle: caps, tabs, or grams of powder) <i>Drug Weight/Tablet or Cap:</i> _____ <i>Verified by RPh:</i> _____		Lot#	Exp:
PPD By:	Drug:	Strength:	
<i>Place label example here.</i>		Weight	
RPh Sign Name:		# of packets made _____	
RPh. Verify Calculations:			