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| **Validation of Weighing process recorded in facilities**  **Type of weighing scale: (Digital / Mechanical)** | | | | | | | | | | | | | | | | |
| **Visit Date** | **Name of Baby (Mother / Father)** | **Date of Birth** | **Birth Weight** | **Weighing process (Y/N)** | | | | | | | **Validation** | | | | **Name of Staff Nurse Observed** | **Remark** |
| **Weighing process observed (Y/N)** | **Clean the scale with spirit swab** | **Set the scale to 0** | **Taring of scale after placing baby sheet / towel** | **Remove clothes of baby** | **Allow the reading to stabilize/ beep** | **Record weight appropriately** | **Weight cross checked** | **Weight in grams by Staff nurse** | **Weight in grams by IS team** | **Difference in weight** |
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