

CORRECTIVE ACTIONS

Did anything go wrong 3 or more times this month? **YES** **NO**

Enter Details:

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After monitoring, have you changed any procedures, control points, critical limits or staff handling procedures?

YES **NO**

What changes have you implemented:

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Have staff been fully trained in any new procedures? **YES** **NO**

Additional Info (if needed):

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Manager Signature: _____ **Date:** _____